Program Manual
For

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Fellowship Manual
2013-2014

Date created: 12/4/2014
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Program Overview

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Introduction

The NYU Langone Medical Center offers a 2 year fellowship training program covering all aspects of vascular and endovascular surgery. Under the guidance of Program Director Patrick J. Lamparello, M.D.; Associate Program Director Caron Rockman and Division Chief Mark A. Adelman, M.D., this program offers fellows a rich and extensive opportunity to participate in difficult and complicated vascular surgeries, observe leading-edge clinical research, and present at local and national vascular surgery conferences. Fellows complete the fellowship program prepared to achieve board certification. Former graduates of this program have received numerous awards and gained leadership positions throughout North America and around the world.
Program Director, Associate Director, Coordinator & Staff

Program Director - Caron Rockman, M.D
Caron.rockman@nyumc.org

Associate Program Director – Mikel Sadek, M.D
Mikel.Sadek@nyumc.org

Division Chief - Mark A. Adelman, M.D.
Mark.adelman@nyumc.org

Program Coordinator - Felicia Brockett
Felicia.brockett@nyumc.org
### Facilities

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tisch Hospital Center</td>
<td>550 First Avenue</td>
<td>New York, NY 10016</td>
</tr>
<tr>
<td>Bellevue Hospital Center</td>
<td>462 First Avenue</td>
<td>New York, NY 10016</td>
</tr>
<tr>
<td>Veterans Affairs Hospital</td>
<td>423 East 23rd Street</td>
<td>New York, NY 10010</td>
</tr>
<tr>
<td>Advanced Vascular Care</td>
<td>425 East 58th Street</td>
<td>New York, NY 10022</td>
</tr>
</tbody>
</table>
Core Faculty
The Core Faculty for the Division of Vascular Surgery is Located at 550 First Avenue; HCC 6th Floor. General Number (212)-263-7311

<table>
<thead>
<tr>
<th>Department of Vascular Surgery Faculty</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Adelman</td>
<td><a href="mailto:Mark.adelman@nyumc.org">Mark.adelman@nyumc.org</a></td>
</tr>
<tr>
<td>Todd Berland</td>
<td><a href="mailto:Todd.berland@nyumc.org">Todd.berland@nyumc.org</a></td>
</tr>
<tr>
<td>Neal Cayne</td>
<td><a href="mailto:Neal.cayne@nyumc.org">Neal.cayne@nyumc.org</a></td>
</tr>
<tr>
<td>Glenn Jacobowitz</td>
<td><a href="mailto:Glenn.jacobowitz@nyumc.org">Glenn.jacobowitz@nyumc.org</a></td>
</tr>
<tr>
<td>Patrick Lamparello</td>
<td><a href="mailto:Patrick.lamparello@nyumc.org">Patrick.lamparello@nyumc.org</a></td>
</tr>
<tr>
<td>Thomas Maldonado</td>
<td><a href="mailto:Thomas.maldonado@nyumc.org">Thomas.maldonado@nyumc.org</a></td>
</tr>
<tr>
<td>Firas Mussa</td>
<td><a href="mailto:Firas.mussa@nyumc.org">Firas.mussa@nyumc.org</a></td>
</tr>
<tr>
<td>Thomas Riles</td>
<td><a href="mailto:Thomas.riles@nyumc.org">Thomas.riles@nyumc.org</a></td>
</tr>
<tr>
<td>Caron Rockman</td>
<td><a href="mailto:Caron.rockman@nyumc.org">Caron.rockman@nyumc.org</a></td>
</tr>
<tr>
<td>Mikel Sadek</td>
<td><a href="mailto:Mikel.sadek@nyumc.org">Mikel.sadek@nyumc.org</a></td>
</tr>
</tbody>
</table>
Training Program Curriculum

Rotations
The vascular surgery fellowship program comprises hands-on surgical rotations at each of the 3 hospitals affiliated with the NYU Langone Medical Center: Tisch Hospital, Bellevue Hospital and the VA Hospital. Additionally, fellows participate in an Outpatient Services rotation where the focus is on all aspects of the outpatient experience, including the non-invasive vascular lab and the Vein Center.

At Tisch Hospital, the New York University private hospital, trainees are afforded the opportunity to participate in both routine and complex vascular surgery patient care, including direct participation in the operative experience. There is an extremely busy inpatient complex vascular surgery service, an active day surgery center, busy accredited vascular laboratory, outpatient endovascular intervention center, as well as private practice in an office setting; fellows gain experience: supervising the vascular surgery service with patients directly under their care; scrubbing in on the more difficult and complex vascular cases; directly overseeing general surgical residents, medical students, and nurse practitioners; and, seeing patients in the offices of the vascular surgery attending faculty members.
At Bellevue Hospital, a level-one trauma center in one of the largest cities in the world, the vascular fellow encounters broad and in-depth experience in the area of vascular trauma. While the vascular fellow deals with all aspects of vascular surgery, Bellevue provides a particularly rich experience in thoracic aortic aneurysms and dissections.

At the VA Hospital, the vascular fellow acts as a junior consultant for the vascular surgical service. Here, fellows manage the in-patient service, oversee all consults, do the pre-operative planning for and performance of all vascular cases (endovascular and open aortic cases, peripheral arterial cases and venous operations), train general surgical residents in all of these areas, manage and oversee the out-patients clinic, manage the endovascular inventory of the operating room, and work on academic research projects.

During the Outpatient Services rotation, the fellow participates in all aspects of the outpatient experience. This includes working in the non-invasive Vascular Laboratory, where the fellow learns to perform and interpret the results of non-invasive testing modalities necessary to the diagnosis and treatment of vascular disease. The fellow is expected to qualify to take the RVT examination for vascular laboratory certification. Additionally, the fellow spends time in the Vein Center, where he learns how to diagnose the full spectrum of venous disease and perform all appropriate treatments and procedures.

**Research and Conferences**

The academic education of the vascular surgery fellow is enhanced by the pursuit of clinical research projects. Accordingly, fellows are provided with significant time for independent reading, research and conference preparation.
## Training Program Schedules

### Trainee Block Schedule

<table>
<thead>
<tr>
<th>Institution</th>
<th>Block 1</th>
<th>Block 2</th>
<th>Block 3</th>
<th>Block 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tisch</td>
<td>7/1-9/30</td>
<td>10/1-12/31</td>
<td>1/1-3/31</td>
<td>4/1-6/30</td>
</tr>
<tr>
<td>Fellow 1</td>
<td>Fellow 1</td>
<td>Fellow 1</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
</tr>
<tr>
<td>Fellow 1</td>
<td>Fellow 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bellevue</td>
<td>Fellow 2</td>
<td>Fellow 2</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
</tr>
<tr>
<td>VA</td>
<td>Fellow 2</td>
<td>Fellow 1</td>
<td>Fellow 2</td>
<td>Fellow 1</td>
</tr>
<tr>
<td>Out-Patient Services (Tisch Lab)</td>
<td>XXXXXXXXXX</td>
<td>Fellow 2</td>
<td>Fellow 2</td>
<td>XXXXXXXXXX</td>
</tr>
<tr>
<td>Out-Patient Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Tisch Lab)</td>
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</tbody>
</table>
Conferences

Each week, the Department of Vascular Surgery holds a conference at which the vascular fellows make a presentation about a particular case or patient. All aspects of the disease condition and treatment are discussed. Fellows must also attend the Department of Surgery’s weekly Mortality and Morbidity conference, monthly Grand Rounds, teaching rounds twice a week at the location of their particular rotation as well as monthly Journal Club meetings.

**VEITH’s Symposium:** Now in its 42nd year, VEITH-symposium provides vascular surgeons, interventional radiologists, interventional cardiologists and other vascular specialists with a unique and exciting format to learn the most current information about what is new and important in the treatment of vascular disease. The 5-day event features rapid-fire presentations from world renowned vascular specialists with emphasis on the latest advances, changing concepts in diagnosis and management, pressing controversies and new techniques. **Symposium Course Chair, Frank J. Veith** is the former Chairman for the Division of Vascular Surgery. Information regarding the symposium can be found on the website @ VEITH’s Symposium: [http://www.veithsymposium.org/index.php](http://www.veithsymposium.org/index.php)

**Annual UCLA Symposium (Moore Course)**

This four-day course provides an in-depth review of the specialty of vascular surgery. The course recognizes four major pillars of vascular surgery practice, which include (1) conventional open operations, (2) catheter-based intervention (endovascular surgery), (3) the medical aspects of patient management, (4) diagnostic imaging and noninvasive testing. An internationally recognized faculty will present a comprehensive survey of generally accepted views, including basic science, pathogenesis, diagnosis, and management of the broad spectrum of vascular disorders. In addition, each speaker has been asked to take a portion of their allotted time in order to review the important new developments, as related to their topic that have taken place within the last year. We have also requested that each speaker end their presentation with 2-3 questions appropriate to their topic. As such, this course can be regarded as a complete didactic review of the specialty of vascular surgery, together with an update of new material. The Symposium Course Chair, is Wesley S. Moore MD. Information regarding the symposium can be found on the website @ [http://www.wesleymooremd.com/29th-annual-ucla-vascular-symposium/](http://www.wesleymooremd.com/29th-annual-ucla-vascular-symposium/)
**Vascular Surgery Conference Schedule**

<table>
<thead>
<tr>
<th><strong>Grand Rounds in General Surgery</strong></th>
<th></th>
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<tbody>
<tr>
<td><strong>Who is in charge of the conference:</strong></td>
<td>Elliot Newman, MD</td>
</tr>
<tr>
<td><strong>Frequency of Grand Rounds:</strong></td>
<td>Once a month – Wednesday 7:30-8:30am – Tisch</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Vascular Surgery Clinical Conferences</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of faculty member in charge:</strong></td>
<td>Mark A. Adelman, MD</td>
</tr>
<tr>
<td><strong>Frequency of clinical conference:</strong></td>
<td>3 Tuesdays per month – 7am-8am – Tisch</td>
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<table>
<thead>
<tr>
<th><strong>Vascular Surgery Clinical Research Conferences</strong></th>
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<tbody>
<tr>
<td><strong>Who is in charge of the conference:</strong></td>
<td>Mark A. Adelman, MD</td>
</tr>
<tr>
<td><strong>Frequency of clinical conference:</strong></td>
<td>Quarterly – Wednesday 7-8am – Tisch</td>
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<thead>
<tr>
<th><strong>Morbidity and Mortality Conferences</strong></th>
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<tbody>
<tr>
<td><strong>Name of faculty member in charge:</strong></td>
<td>H. Leon Pachter, MD</td>
</tr>
<tr>
<td><strong>Frequency of conferences:</strong></td>
<td>Once a week – Thursdays 7:00am-8:00am - Tisch</td>
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<table>
<thead>
<tr>
<th><strong>Vascular Surgery Journal Club</strong></th>
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<tbody>
<tr>
<td><strong>Name of faculty member in charge:</strong></td>
<td>Caron Rockman, MD – Tisch/Bellevue/VA</td>
</tr>
<tr>
<td><strong>Frequency of Journal Club:</strong></td>
<td>Monthly (First Tuesday of each Month) – 7am-8am</td>
</tr>
<tr>
<td><strong>Clinical Didactic Conference for Vascular Surgery</strong></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
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</tr>
<tr>
<td><strong>Who is in charge of the conference:</strong></td>
<td>Dr. Patrick Lamparello, participation of all Faculty</td>
</tr>
<tr>
<td><strong>Frequency of regular conference:</strong></td>
<td>Weekly Mondays – 7am-8am – Skirball Conference Room – Tisch</td>
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**Basic Science Didactic Conference for Vascular Surgery**

<p>| | |</p>
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<tbody>
<tr>
<td><strong>Who is in charge of the conference:</strong></td>
<td>Dr. Patrick Lamparello, participation of all Faculty</td>
</tr>
<tr>
<td><strong>Frequency of regular conference:</strong></td>
<td>Weekly Fridays – 7am-8am Skirball Conference Room – Tisch</td>
</tr>
</tbody>
</table>
### Other Conferences

**NEW YORK UNIVERSITY SCHOOL OF MEDICINE**
**DEPARTMENT OF SURGERY CONFERENCES 2014-2015**

<table>
<thead>
<tr>
<th>Day</th>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monday</strong></td>
<td>Vascular Attending Teaching Conference - NYU</td>
<td>7:00-8:00 a.m.</td>
<td>HCC 6 C/R</td>
</tr>
<tr>
<td></td>
<td>(Once per month, the Monday conference is occupied by multidisciplinary Aortic Conference, combined with the Cardiothoracic Surgery Service)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>Vascular Surgery Conference - NYU</td>
<td>7:00 - 8:00 a.m.</td>
<td>Skirball 3rd Floor Conference Room</td>
</tr>
<tr>
<td></td>
<td>(Once per month, the Vascular Surgery Conference is devoted to monthly Journal Club, under the direction of Dr. Rockman)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Core Curriculum/Patient Safety/Professionalism- NYU</td>
<td>7:00-8:30 a.m.</td>
<td>Coles 101</td>
</tr>
<tr>
<td></td>
<td>(Once each month the Wednesday conference is occupied by the Vein Teaching Conference, under the direction of Dr. Kabnick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>M&amp;M Conference</td>
<td>7:00 – 8:00 a.m.</td>
<td>Farkas Auditorium - Tisch</td>
</tr>
<tr>
<td><strong>Friday</strong></td>
<td>Vascular Attending Teaching Conference</td>
<td>7:00 – 8:00 am</td>
<td>HCC 6 C/R</td>
</tr>
</tbody>
</table>
Goals & Objectives – Overall

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Goals and Objectives

General Overview
The vascular surgery fellowship is a 2 year clinical program whose goal is the mastery of all aspects of Vascular and Endovascular Surgery. It is expected that at the conclusion of the 2 year fellowship program, the vascular fellow will be able to perform all the functions of a vascular surgeon, including the demonstration of competency in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Each year, 2 new fellows enter the program and 2 fellows graduate, so that in any given year, there are a total of 4 fellows: 2 first year fellows (Y1 fellows—either Y1a or Y1b) and 2 second year fellows (Y2 fellows—either Y2a or Y2b). Each fellow rotates through each of 4 blocks (a block being a 3 month rotation) each year, for a total of 8 distinct blocks by the time the program is completed. Each of the 4 fellows is in a different block at any given point in time. The following table illustrates the way in which the 2 first year fellows (Y1a and Y1b) and the 2 second year fellows (Y2a and Y2b) rotate through the fellowship blocks:

<table>
<thead>
<tr>
<th>Block</th>
<th>JULY-SEPT</th>
<th>OCT-DEC</th>
<th>JAN-MAR</th>
<th>APR-JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>TISCH</td>
<td>Y1a/Y1b</td>
<td>Y1b</td>
<td>Y2a</td>
<td>Y2b/Y1a</td>
</tr>
<tr>
<td>BHC</td>
<td>Y2b</td>
<td>Y1a</td>
<td>Y1b</td>
<td>Y2a</td>
</tr>
<tr>
<td>VA</td>
<td>Y2a</td>
<td>Y2b</td>
<td>Y1a</td>
<td>Y1b</td>
</tr>
<tr>
<td>OUTPATIENT SERVICES</td>
<td>XXX</td>
<td>Y2a</td>
<td>Y2b</td>
<td>XXX</td>
</tr>
<tr>
<td>Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vein Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relief Fellow</td>
<td></td>
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</tbody>
</table>

Each rotation during the fellowship program is designed to train the fellow in different aspects of the vascular surgery practice, and each rotation may emphasize different competencies. By the time the fellow completes the 2 year program, the fellow is expected to have achieved the goals and objectives described for each block, and demonstrate the competencies required by each block, which when taken
together, demonstrate that the overall goals and objectives of the program have been met.

The vascular service at TH comprises the attending faculty, the vascular fellow, a 1st (PGY1), and 2nd (PGY2) year categorical general surgery resident, and a team of dedicated vascular advance practice nurses and physician assistants. At BHC, the vascular service comprises a dedicated BHC vascular attending physician, vascular fellow, PGY1, a PGY3, and a dedicated vascular physician assistant (PA). At the VA, the vascular service comprises a rotating attending vascular faculty member, a vascular fellow, a PGY1, and a PGY2.
Goals & Objectives – By Site, Rotation AND Clinical year

**Tisch Hospital**

**Duration: 3 months**

**Y1 Fellow**

The Y1 fellow is introduced to all aspects of vascular and endovascular surgery at a busy academic medical center. Working together with the PGY1, PGY2 and PGY4, the Y1 vascular fellow actively participates in the assessment and planning of the medical and surgical care of the vascular surgery patients and consults. During this block, the Y1 fellow learns the fundamentals of vascular surgery by working closely with the attending physicians. These fundamentals include the planning and performance of vascular surgery procedures, critically reviewing vascular imaging studies, understanding the role of medical therapy in the vascular patient, and attaining the requisite judgment to appropriately diagnose and treat vascular surgical patients. The fellow is expected to attend out-patient clinical hours with an attending for half day per week. The fellow will assign operative cases and clinic days to himself and to the residents. Additionally, the fellow is in charge of managing the weekly Tuesday morning vascular conference which entails case presentations and a critical review of the relevant literature.

**Y2 fellow**

The Y2 vascular fellow continues to actively participate in the assessment and planning of the medical and surgical care of the vascular surgery patients and consults. Working closely with the attending physicians, the Y2 fellow participates in more advanced vascular surgery procedures, and does more advanced planning with respect to complex peripheral cases, EVAR and TVAR cases, as well as cases involving AV access.

By working very closely with the general surgery residents, the Y2 fellow acts as a teacher to the residents, supplementing the teaching of the attending physician. Additionally, the Y2 participates in more advanced cases including complex extra-cranial cases and complex visceral/renal endovascular work.

The Y2 will attend out-patient clinical hours with an attending for one day per week. The fellow will assign operative cases and clinic days to himself and to the residents. Additionally, the fellow is in charge of managing the weekly Tuesday morning vascular conference which entails case presentations and a critical review of the relevant literature.

**Bellevue Hospital**

**Duration: 3 months**

**Y1 fellow**
The three-month rotation at Bellevue Hospital offers the Y1 vascular fellow a unique opportunity to manage a variety of advanced vascular disease. All aspects of vascular surgery are encountered, including a rich experience in thoracic aortic aneurysms and dissections. Being a level one-trauma center in one of the biggest cities in the world, the vascular trauma experience is second to none. At BHC, the Y1 vascular fellow has a unique opportunity to participate in both the peripheral vascular clinic as well as the vein clinic, during which he oversees junior residents (PGY1 and a PGY3) as well as the dedicated vascular PA.

The Y1 fellow is expected to become facile in evaluating and managing vascular trauma, advanced arterial and venous disease, as well as to critically review the literature in a weekly journal club.

**Y2 fellow**
In the second year of fellowship, the three-month rotation at Bellevue Hospital offers the Y2 vascular fellow another opportunity to manage a variety of cases involving advanced and complex vascular disease, this time with even greater autonomy. By the time he reaches this rotation, the Y2 fellow at BHC has encountered all aspects of vascular surgery, so he is now able to teach the general surgery residents when they are confronted with thoracic aortic aneurysms and dissections. At BHC, the Y2 vascular fellow continues to participate in both the peripheral vascular clinic as well as the vein clinic, offering teaching and mentoring to junior residents (PGY1 and a PGY3), all in the context of a level one-trauma center, where the vascular trauma experience is second to none.

The Y2 fellow evaluates and manages vascular trauma, advanced arterial disease and venous disease, including pre and post-operative planning. The Y2 continues to critically review the literature in a weekly journal club.

**VA Hospital**
**Duration: 3 months**

**Y1 fellow**
The VA hospital affords the Y1 fellow even more autonomy than he has during the first 6 months at either TH or BHC, adding another layer to the fellow's transition from trainee to attending. At the VA, the Y1 fellow is expected to manage the in-patient service, oversee all consults, do the pre-operative planning for and performance of all vascular cases (endovascular and open aortic cases, peripheral arterial cases and venous operations), train general surgical residents in all of these areas, manage and oversee the out-patient clinic, manage the endovascular inventory of the operating room, and work on academic research projects.

**Y2 fellow**
As mentioned above, the VA hospital affords the fellow more autonomy than either TH or BHC. Accordingly, by the time he reaches this rotation, the Y2 fellow is able to
take on more responsibility for the planning of vascular procedures and the performance or peri-operative care for patients with vascular disease. Additionally, the Y2 fellow at the VA has the added charge of teaching the general surgery residents on the service, giving greater depth to the fellow's teaching experience. At the VA, the Y2 fellow manages the in-patient service, oversees all consults, does the pre-operative planning for and performance of all vascular cases (endovascular and open aortic cases, peripheral arterial cases and venous operations), manages and oversees the out-patient clinic, manage the endovascular inventory of the operating room, and work on academic research projects. With this greater autonomy, the Y2 fellow is able to experience the continuity of care of the patient from the time he enters the VA until his discharge and beyond.

**COMPETENCY-BASED GOALS**

**a. Patient care**
1. perform basic endovascular skills
2. engage in operative planning and perform vascular procedures, including:
   a. open and endovascular (TVAR and EVAR) aortic surgery
   b. extracranial arterial revascularization
   c. peripheral bypases (both with vein and prosthetic grafts)
   d. thrombolysis procedures
   e. IVC filters
   f. upper extremity revascularization
3. critically review vascular imaging studies
4. manage post-operative care
5. care for the patient beginning with admission, continuing through the peri-operative period until the time of discharge
6. competently read angiography, CT angiography, MR angiography, and duplex ultrasound
7. assess vascular out-patients

**b. Medical knowledge**
1. learn the basic science and clinical fundamentals of vascular surgery
2. critically review and apply current literature
3. attend weekly vascular conference, weekly morbidity and mortality conference, and monthly journal club
4. attend the Moore Course

**c. Practice based learning**
1. formally meet with the program director to discuss perceptions of strengths and deficiencies
2. incorporate feedback from director into performance
3. Understand the importance of a thorough commitment to carrying out professional responsibilities.
4. Demonstrate adherence to ethical principles.
5. Show sensitivity to diverse patient populations.
d. Interpersonal and communication skills
   1. begin to acquire basic communication skills across a broad spectrum of patients, family members, physicians, other staff
   2. write comprehensive and legible medical records
   3. effectively document practice activities

e. Professionalism
   1. demonstrate compassion and respect for all patients and coworkers
   2. demonstrate honesty and integrity
   3. demonstrate respect for patient privacy
   4. demonstrate ethical behavior
   5. commitment to patient care.

f. Systems based practice
   1. Understand the importance of working effectively in the health care delivery, particularly in the private hospital setting.
   2. Understand the importance of coordination of patient care within the health care system and demonstrate a working knowledge of this.
   3. Be exposed to considerations of cost-containment and risk-benefit analysis in patient care, particularly in the private hospital setting.
   4. Understand the importance of quality patient care and optimal ways to achieve it.
Policies

All GME Policies can be found here: [http://gme.webdev.nyumc.org/policies-procedures/policies](http://gme.webdev.nyumc.org/policies-procedures/policies).
Advancement Policy

NYU Langone Medical Center
Division of Vascular & Endovascular Surgery
Criteria for Advancement within and Graduation from the Training Program in Vascular Surgery Fellowship

Advancement from Year 1 to Year 2 requires:
1. Completion of all scheduled rotations with evaluations of 3 or greater in all competencies. Advancement with lesser grades is at the discretion of the Program Director and the Clinical Competency Committee, typically based upon demonstrated improvement, and/or ongoing compliance with a remediation or probation plan.
2. Up-to-date procedure log showing satisfactory progress in procedural experience and competence. This includes certification of procedural competence indicated by the filing of the appropriately signed documents.
3. Completion of the online Sleep and Fatigue Module.
5. Conference attendance of at least 70% or demonstration of a satisfactory alternative didactic (eg. online review of missed seminars). See Policy on Conference Attendance.

Graduation from the Program requires:
1. Completion of all scheduled rotations with evaluations of 3 or greater in all competencies. Graduation with lesser grades is at the discretion of the Program Director and the Clinical Competency Committee, typically based upon demonstrated improvement, and/or ongoing compliance with a remediation or probation plan.
2. Complete and accurate procedure log to substantiate future credentialing
3. Completion or satisfactory progress demonstrated in a meaningful research effort
4. Current and complete portfolio and CV on file
5. Completion/fulfillment of all “de-credentialing” requirements with the several hospitals and signoff by the Office of Graduate Medical Education. This includes return of all keys, lab coats, pagers, etc. The Program requires that graduating fellows also leave contact information for future communications.
Case Log Policy & Procedure

NYU Langone Medical Center
Division of vascular and Endovascular Surgery
Vascular Surgery Fellowship Program

Case Log Policy

Vascular Surgery Fellows need to perform a minimum of 200 major vascular reconstructive procedures that reflect an adequate representation of endovascular diagnostic and therapeutic cases, Endovascular Aneurysm repair, Abdominal, cerebrovascular and peripheral vascular cases as well as a breadth and balance of experience in the surgical care of vascular diseases.

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Required Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endovascular Diagnostic</td>
<td>100</td>
</tr>
<tr>
<td>Endovascular Therapeutic</td>
<td>80</td>
</tr>
<tr>
<td>Endovascular Aneurysm Repair</td>
<td>20</td>
</tr>
<tr>
<td>Abdominal</td>
<td>30</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>25</td>
</tr>
<tr>
<td>Peripheral</td>
<td>45</td>
</tr>
<tr>
<td>Complex</td>
<td>10</td>
</tr>
</tbody>
</table>

Fellows need to document a significant role in the following aspects of patient management: determination or confirmation of the diagnosis; provision of preoperative care; selection and accomplishment of the appropriate operative procedure; direction of postoperative care; and accomplishment of sufficient follow-up to be acquainted with both the course of the disease and the outcome of its treatment. Participation in the operation only, without preoperative and postoperative care, is not appropriate.

Fellows also need to demonstrate competency with special diagnostic techniques for the management of vascular disease. It is essential that residents understand the methods and techniques of angiography, CT scanning, MRI and MRA and other vascular imaging modalities. They should be competent in the assessment of the vascular portion of such images.

Fellows do a rotation on outpatient vascular lab where they learn about the application, assessment, and limitations of noninvasive vascular diagnostic techniques.

Fellows attend a RPVI Certification Course which they require 500 ultrasound cases with technique in the following prior to sitting for the certification exam:

- Carotid duplex ultrasound
- Transcranial Doppler
- Peripheral arterial physiologic testing
• Peripheral arterial duplex ultrasound
• Venous duplex ultrasound
• Visceral vascular duplex ultrasound
Concerns and Complaints Policy

NYU Langone Medical Center
Division of Vascular & Endovascular Surgery
Concerns and Complaints Policy

The NYU School of Medicine Department of Surgery Vascular Surgery Fellowship Program is committed to maintaining an environment that is supportive and conducive to learning. As such, open communication with our fellows is of utmost importance. In the event that an individual would like to discuss or report a concern or complaint, there are numerous opportunities for fellows to do so, either directly or anonymously.

Residents can contact Dr. Patrick Lamparello, Program Director, Dr. Leon Pachter, Chairman, or Michael Ambrosino, M.D., the Senior Associate Dean for Graduate Medical Education and DIO to discuss any issues of concern.

NYU School of Medicine

Issuing Department: Graduate Medical Education
Effective Date: 09/16/2011
Reissue Date: 04/01/2013
House Staff Officer Concerns or Complaints

I. Summary of Policy

The NYU School of Medicine is committed to maintaining an environment that is supportive and conducive to learning. As such, open communication with House Staff Officers is of utmost importance. In the event that an individual would like to discuss or report a concern or complaint, there are numerous opportunities for residents to do so, either directly or anonymously.

II. Applicability of the Policy

This policy applies to all House Staff Officers in GME residency or fellowship training programs at NYU.

III. Definitions (if applicable)

A. **GME** – Office of Graduate Medical Education

B. **GMEC** – Graduate Medical Education Committee

C. **CIR** – Committee of Interns and Residents - Bellevue Hospital
D. **DIO** – Designated Institutional Official

E. **Program Director** – Medical director of GME specialty or sub-specialty training program

F. **HSC** - House Staff Council

G. **HSPSC** – House Staff Patient Safety Council

**IV. Procedure**

A. **House Staff Council (HSC)** The ACGME Institutional Requirements state that the sponsoring institution and its programs must provide an environment in which residents may raise and resolve issues without fear of intimidation or retaliation. One forum that is required to provide this environment is an organization and/or forum for House Staff Officers to communicate, exchange information, and discuss and address House Staff Officer issues. The House Staff Council provides such a forum, and is comprised of representatives from each training program. The Council meets monthly, and all House Staff Officers are invited to attend, or are encouraged to express their comments or concerns to the House Staff Council representative from his/her program to speak on his/her behalf. House Staff Council leadership is in regular contact with the DIO, and through him, the Vice Dean and Dean/CEO. The House Staff Council executive board can be emailed at HSCExecutiveBoard@nyumc.org.

B. **House Staff Patient Safety Council** – Any issues or concerns related to quality and/or patient safety can also be brought to the House Staff Patient Safety Council (HSPSC). The HSPSC is comprised of NYU House Staff Officers who have an interest in quality and safety. House Staff Officers are welcome to bring concerns about patient safety or quality issues to this council, or, can ask the HSPSC representative from his/her program to speak on his/her behalf. To contact the House Staff Patient Safety Council, please contact the Office of GME.

C. **Annual Program Review** – The Annual Program Review, required by the ACGME and performed annually by Program leadership must include House Staff Officer representation from the program and must also include a review of written evaluations of the program, by the House Staff Officers. The Annual Program Review provides time for House Staff Officers to report any issues or concerns they may have with the training program and/or faculty. These issues or concerns will subsequently be reviewed by the Associate Dean for GME and the Senior Director of the Office of GME.
D. **Compliance Hotline (NYUHC/Tisch Hospital)** – A Compliance Hotline (1-866-NYU-1212) is also available to all members of the institution to allow for the confidential, anonymous reporting of activities that are contrary to hospital and School of Medicine regulations and policies such as violations of resident duty hours, and form of harassment, HIPAA violations, etc. Residents are reminded of and encouraged to use this Hotline on a regular basis.

E. **Compliance Hotline (Bellevue Hospital Center)** – A Medical Resident Hotline is also available through Bellevue Hospital Center intranet ([http://intranet.bellevue.org/](http://intranet.bellevue.org/)) Click directly on Resident Hotline Online Issues Form. The submission form will be forwarded to pertinent department Administrators, Chief’s of Service, Medical Director and others in an effort to facilitate the resolution of the issues.

F. **Incident/Error Reporting:** House Staff Officers should report sentinel events, adverse events, and/or close calls. Reporting such events is the responsibility of all House Staff Officers, and will increase the focus on improving patient safety, help develop changes that result in improved outcomes, and increase our reporting of adverse events and our awareness of patient safety issues.

   a. **At NYULMC:** House Staff Officers are encouraged to use the Patient Safety Net (PSN) when working at an NYULMC facility. The PSN is web-based application that allows users to electronically report events. Anyone can enter an event using the PSN, and these events can be reported anonymously. The PSN Icon can be found on every clinical desktop, or it can be accessed by navigating to The Link,[1] selecting “web applications” on the right hand side of the screen, and clicking on “PSN for front line reporter.”

   b. **At the Manhattan VA:** House Staff Officers can report events using a web-based reporting system, called Electronic Patient Event Reporting (ePER). Reporting system, called Electronic Patient Event Reporting (ePER).

   c. **At Bellevue:** To report events, please go to the Bellevue Hospital Center (BHC) Intranet, and click on the “Patient Safety Hotline” link on the right-hand side of the screen. Please follow all prompts.

G. **Residents on Bellevue Payroll** – When residents rotate onto the Bellevue Hospital pay line, they are also represented by a union, the CIR,[2] that has additional avenues for the redress of grievances within its policies developed through collective bargaining.
H. **Program Director and/or DIO** – Residents may also contact their Program Director, DIO/Associate Dean for Graduate Medical Education, and/or the Office of Graduate Medical Education to discuss any issues of concern.

Reviewed: 9/1/2011  
Supercedes: 12/14/2004  
Originally Adopted: 12/14/2004  
Approved by: Graduate Medical Education Committee
Corrective Action and Disciplinary Policy

NYU Hospitals Center
Issuing Department: Graduate Medical Education
Effective Date: 05/01/2008
Reissue Date: 08/01/2013
Corrective Action and Disciplinary Policy for House Staff

I. Summary of Policy

The Accreditation Council for Graduate Medical Education (ACGME) requires a written set of policies and procedures for House Staff Officer evaluation and for implementing corrective and/or disciplinary action when a House Staff Officer's performance fails to meet required standards. This includes the criteria for any adverse action, such as placing a resident/fellow on probation or terminating a House Staff Officer whose performance is unsatisfactory. The procedures are designed to be fair to House Staff Officer, patients under care, and the training program and are applicable to all House Staff Officers in training at New York University School of Medicine (“NYU”) or any affiliated training sites.

All further references in this document to House Staff Officer shall include residents and fellows.

II. Applicability of the Policy

This policy applies to all House Staff Officers, including those in ACGME and non-ACGME-accredited specialty and subspecialty programs.

III. Definitions

ACGME – Accreditation Council for Graduate Medical Education

CPH – Committee on Physicians’ Health of the Medical Society of the State of New York

Director – Director of Residency or Fellowship training program

GME – Office of Graduate Medical Education

NYU – New York University School of Medicine

OPMC – NYS Office of Professional Medical Conduct

IV. Policy

A. Performance Deficiencies

Upon receipt of satisfactory evaluations and compliance with all other terms of the House Staff Policies and Procedures, each House Staff Officer should expect to
continue to the next level of training to program completion. If, however, a House Staff Officer’s performance is unsatisfactory, the Director shall notify the House Staff Officer of that conclusion, both verbally and in writing, as soon as it is determined and initiate appropriate corrective and/or disciplinary action, as provided in Section IV.A.1., Written Warning with Remediation. In the ordinary course, corrective and/or disciplinary action should be imposed progressively, beginning with a written warning with plan for remediation and proceeding to probation and dismissal from the program if performance does not improve. In some cases, as outlined in Section IV.A.3, summary suspension may be appropriate. Prior to initiating any corrective and/or disciplinary action, the Director must consult with the Associate Dean for Graduate Medical Education and the Senior Administrative Director for NYU GME. In addition, the Director must inform all relevant Hospital Medical Directors of any disciplinary action initiated against the House Staff Officer under this Section IV.

1. Written Warning with Remediation: In the event that a House Staff Officer’s performance is unsatisfactory and summary suspension is not appropriate, the Director, after consultation with the NYU GME, shall issue a written warning to the House Staff Officer, which must include a detailed plan for remediation. Copies of the written warning with remediation and all subsequent administrative documentation relating to this corrective action shall be maintained in the Director’s and the NYU GME files.

   a. The written warning may include documentary evidence, such as letters of complaint, attendance logs, reports from the licensure board, and other relevant documents and materials.

   b. The remediation period must be defined in the remediation plan.

   c. The plan for remediation must include directives for additional supervision and specific instructions with clear measurable educational goals and performance expectations.

   d. The plan should provide for regular feedback from the Director (or Director’s designee) to the House Staff Officer.

   e. In determining the appropriate plan of remediation, the Director shall decide which action to take based on numerous factors, such as the nature and severity of the deficiency giving rise to the need for corrective action, the potential impact on patient health or safety, the impact of the House Staff Officer’s conduct on the program or the facility, the likelihood that the deficiency can or shall be successfully remediated, and the degree of notice and opportunity to cure that the House Staff Officer has previously received.

   f. At the end of the remediation period, the following may occur:

      i. Termination of remediation, with a statement provided to the House Staff Officer stating that the conditions of remediation were
satisfactorily resolved and there is no present need for further corrective action. Copies of such statement shall be maintained in the Director’s and the NYU GME files;

ii. Continuation of remediation provided the House Staff Officer has performed satisfactorily on a significant portion of his/her plan of remediation and the Director agrees to the assignment of an additional term of remediation. Continued remediation shall be approved for a specified period of time, with a redefinition of the problems and procedures to be followed in order to satisfy this additional term of remediation in accordance with this Section IV;

iii. Imposition of a term of probation as specified under Subsection 2, Probation, of this section; or

iv. Other appropriate action, up to and including termination of the House Staff Officer’s participation in the residency or fellowship program in accordance with Section IVA.5, Dismissal.

2. Probation - Following a summary suspension or the unsuccessful completion of a plan of remediation or as deemed necessary due to one or more recurring performance deficiencies after prior remediation periods, the Director or his/her designee shall place the House Staff Officer on probation, provided the House Staff Officer’s continuation in the program does not constitute a serious threat to the welfare or safety of patients, employees, or other staff members or to the integrity of the program, as follows:

   a. The Director or his/her designee shall meet with the House Staff Officer and present a written notice, drafted in conjunction with the NYU GME, stating:

      i. the term of probation (ordinarily not to exceed six months);

      ii. the reasons for probation (i.e., the House Staff Officer’s specific actions or deficiencies that led to the recommendation for probation); and

      iii. the conditions of probation (i.e., what the House Staff Officer shall be expected to do differently and the specific measures the department will take to provide the House Staff Officer the opportunity to achieve these goals). Copies of the written notice and all subsequent administrative documentation relating to this disciplinary action shall be maintained in the NYU GME files. Copies of the written instance also shall be forwarded to all relevant Hospital Medical
Directors. The written notice shall advise the House Staff Officer of the right to appeal the decision of probation as provided in Section IV.B., Appeals.

b. At the end of the probationary period, the following may occur:

i. Termination of probation, with notice provided to the House Staff Officer stating that the conditions of probation were satisfactorily resolved and there is no present need for further probation. Copies of such statement shall be maintained in the Director's and the NYU GME files and forwarded to all relevant Hospital Medical Directors;

ii. Continuation of probation for an additional specified period of time with a written redefinition of the problems and procedures to be followed in order to satisfy this additional term of probation in accordance with this Section IV.A.2.; or

iii. Termination of the House Staff Officer's participation in the residency or fellowship program in accordance with Section IV.A.5., Dismissal.

c. A decision to place a House Staff Officer on probation may require reporting to the appropriate State agency, as discussed in Section IV.C., Reporting.

3. Summary Suspension - A House Staff Officer may be summarily suspended from participation in the residency/fellowship training program by the Director, the Department Chair, a Hospital Medical Director, or the Dean of the School of Medicine or his/her designee a) if the House Staff Officer’s actions or his/her continued participation in the program may constitute a threat to the welfare or safety of patients, employees, or other staff members or to the integrity of the program; or b) if his/her license or permit is suspended or revoked. When a House Staff Officer is summarily suspended from the program, the following procedures shall be followed:

a. The Director, in conjunction with the NYU GME, shall provide the House Staff Officer with written confirmation of his/her suspension. The notice shall specify the deficiencies that gave rise to the suspension, the term of the suspension, and any conditions that might be imposed for resuming participation in the residency/fellowship program after the period of suspension. Copies of this notice shall be maintained in the Director's and the NYU GME files. Copies shall also be forwarded to all relevant Hospital Medical Directors. Credit for GME training shall not be given to a House Staff Officer during a period of suspension. No compensation is earned or paid to a House Officer during a period of
suspension, but health insurance and professional liability insurance coverage is maintained.

b. The House Staff Officer shall be advised in writing of the right to appeal the suspension as provided in Section IV.B., Appeals.

c. The House Staff Officer shall be advised in writing regarding the program's policy with respect to whether, upon return from suspension, any academic or clinical work and/or additional time will need to be made up, and/or completion of training extended due to the suspension period.

d. At the end of the suspension period, the Director, in conjunction with the NYU GME, shall notify the House Staff Officer in writing as to what further action, if any, is to be taken. Copies of this notice shall be maintained in the Director's and the NYU GME files. Copies shall also be forwarded to all relevant Hospital Medical Directors. One of the following may occur:

   i. Termination of suspension, with a statement provided to the House Staff Officer stating that such suspension occurred and there is no present need for additional disciplinary action;

   ii. Termination of suspension and placement of the House Staff Officer on probation as specified under Subsection 2. Probation, of this section; or

   iii. Termination of the House Staff Officer's participation in the residency or fellowship program, in accordance with Section IV.A.6., Dismissal.

e. A decision to suspend requires reporting to the appropriate State agency, as discussed in Section IV.C., Reporting.

4. Denial of Academic Credit:
If a House Staff Officer fails to make up work missed during a summary suspension; does not satisfactorily complete remedial work during a probationary period; misses a significant component of the academic program during leave from the program; or has otherwise failed to make sufficient academic progress, the Director may require the House Staff Officer repeat all or part of the academic year's work.

5. Dismissal:

   a. The Director shall recommend the House Staff Officer's dismissal from the program to the Department Chair or Dean or his/her designee, if the House Staff Officer has:

      i. Misrepresented credentials upon which s/he had been accepted
into the program;

ii. Engaged in conduct that threatens the welfare or safety of patients, employees, or other staff members or the integrity of the residency or fellowship training program, or if his/her license or limited permit is revoked or suspended;

b. Failed to meet standards for academic, clinical, or professional conduct/performance, as set forth in the NYU Office of GME “Evaluation Policy for Graduate Medical Education,” after summary suspension, probation or having received written warning with opportunity to remediate.

i. The process of dismissal shall be initiated by recommendation of the Director to the Department Chair after consultation with the NYU GME. The Department Chair shall make the final decision to dismiss in consultation with the Director and/or the Dean or his/her designee and shall record the recommendation and the reasons thereof in writing.

ii. The House Staff Officer shall receive notice of dismissal from the Department Chair with a copy of the recommendation for dismissal and the reasons thereof. S/he also shall receive notice of his/her right to appeal, as provided in Section IV.B, Appeals. Notice of the recommendation for dismissal and all subsequent administrative documentation relating to this disciplinary action shall be maintained in the Director’s and the NYU GME files. A copy of the notice of dismissal shall be forwarded to all relevant Hospital Medical Directors.

iii. If the House Staff Officer does not request a hearing, the recommendation for dismissal shall be final and effective as of the date of receipt by the House Staff Officer, and the decision to dismiss shall not be subject to further review, in accordance with Section IV.B, Appeals.

iv. If a House Staff Officer is dismissed before the completion of his/her academic year, the Director shall determine the number of month’s credit to be given the House Staff Officer for that academic year.

v. A decision to dismiss requires reporting to the appropriate State agency, as provided in Section IV.C, Reporting.

B. Appeals

1. Neither the decision to place a House Staff Officer on a plan of
remediation nor the plan of remediation itself is appealable.

2. The decision to summarily suspend, place on probation, not advance, deny academic credit, or dismiss a House Staff Officer is appealable, as follows:

   a. The House Staff Officer must submit a written request for a hearing to his/her Department Chair within seven calendar days after his/her receipt of written notice of an appealable adverse decision or recommendation. If no request is submitted within such seven-day period, the Director’s decision shall become final and not subject to further review.

   b. The Dean or his/her designee in consultation with the Department Chair shall appoint an ad hoc Appeals Committee. The Appeals Committee shall consist of two attending physicians, each of whom hold faculty appointments in the New York University School of Medicine, and two House Staff Officers, none of whom have had prior direct involvement in the proceedings with respect to the House Staff Officer.

   c. The Appeals Committee shall be charged to review and make a recommendation to the Dean or his/her designee on the following issues:

      i. Was the decision of the department or division made substantially in compliance with the procedures set forth in the Corrective Action and Disciplinary Policy for House Staff Officers?

      ii. Was the decision of the department or division made arbitrarily and capriciously or in bad faith or in violation of anti-discrimination or other laws or regulations?

      iii. It is not the role of the Appeals Committee to substitute its academic judgment for the academic judgment of the department or division. If the Appeals Committee determines the answer to a) is yes and the answer to b) is no, the Appeals Committee should uphold the decision of the department or division. If the Appeals Committee determines that the department has failed to substantially comply with the procedures of the Corrective Action and Disciplinary Policy for House Staff Officers or that the decision of the department was made arbitrarily and capriciously or in bad faith or in violation of anti-discrimination or other laws or regulations, the Appeals Committee shall make an appropriate recommendation for remedy or reversal.

   d. The Appeals Committee shall hold a hearing in a timely fashion. The House Staff Officer shall receive at least three calendar days’ prior notice of the hearing. Such notice shall include a statement of reasons(s) for the department or division’s decision to summarily suspend, place on
probation, not advance, deny academic credit or dismiss the House Staff Officer. The Director, the NYU GME, and all relevant Hospital Medical Directors shall receive copies of the notice.

e. The Appeals Committee shall make rules it deems necessary to assure prompt, fair, and expeditious handling of the appeal. The Committee shall be permitted to have legal counsel present during the hearing. The rules of law relating to the examination of witnesses or presentation of evidence shall not apply. Any relevant matter upon which responsible persons may rely on the conduct of serious affairs may be considered.

f. The Appeals Committee shall conduct interviews and review documents, including medical records, as the Appeals Committee deems necessary or helpful in its conduct of the investigation. A recording of all interviews shall be made. The Appeals Committee may require a physical and/or mental evaluation of the House Staff Officer in any case where the Appeals Committee has reason to consider the physical or mental competency of the House Staff Officer. Appropriate consultants shall carry out such evaluation, and a report of the evaluation shall be forwarded to the House Staff Officer as well as to the Appeals Committee.

g. The Appeals Committee shall be authorized to recommend that the charges or proposed disciplinary action raised against the House Staff Officer be modified.

h. The physical presence of the House Staff Officer for whom the hearing has been scheduled shall be required. Failure to appear without good cause shall be deemed a waiver of the House Staff Officer's right to the hearing provided in this section, shall be considered an acceptance of an adverse decision, and is final.

i. At the hearing the House Staff Officer may elect to be accompanied or represented by an attorney or other persons of his or her choice. The role of this representative shall be limited to providing advice and counsel to the House Staff Officer; and addressing the members of the Appeals Committee. The role of the representative shall not include the questioning of witnesses. The Appeals Committee may, in its discretion, further define, expand, or limit the role of any such representative.

j. The House Staff Officer (or his/her representative) shall have the right to present the House Staff Officer's position to the Appeals Committee, together with such other documentation as the House Staff Officer may wish. The House Staff Officer may suggest witnesses who have information relevant to the Appeals Committee to determine if the witnesses will be interviewed.

k. Following the hearing, the Appeals Committee shall submit to the Dean or his/her designee a written report and recommendation, which
may include a recommendation that the proposed charges or
disciplinary action be modified. The House Staff Officer and the Director,
the NYU GME, and all relevant Hospital Medical Directors shall receive
copies of the report for their files.

I. The Dean or his/her designee shall issue a final written decision
within seven (7) calendar days after receipt of the Appeals
Committee's report. The House Staff Officer and the Director, the NYU
GME, and all relevant Hospital Medical Directors shall receive copies of
the decision for their files.

m. The Appeals Committee shall forward the record of its proceedings
and interviews to the Dean. The proceedings and records of the Appeals
Committee and the Dean's decision shall be, so far as possible,
confidential, but shall be retained as an institutional record.

n. The decision of the Dean or his/her designee is final and,
therefore, not subject to further appeal.

C. Reporting

1. Whenever the Director takes any action under Subsections IV.A.2, 3, 4 or 5,
Performance Deficiencies, s/he shall notify the Associate Dean for Graduate
Medical Education, the Senior Administrative Director for NYUGME, and all
relevant Hospital Medical Directors of the action taken and the circumstances
surrounding it, as well as the ultimate disposition of the matter.

2. Hospitals are required, under § 405.3 (e), Codes, Rules and
Regulations of New York State, to report to the OPMC any denial, suspension,
restriction, termination, or curtailment of training, employment,
association, or professional privileges or the denial of certification of
completion of training of any physician licensed or registered by the New
York State Department of Education for reasons related in any way to any of
the following

   a. Alleged mental or physical impairment, incompetence,
      malpractice, misconduct, or endangerment of patient safety or welfare;

   b. Voluntary or involuntary resignation or withdrawal of
      association or of privileges with the Hospital to avoid the
      imposition of disciplinary measures; and

   c. The receipt of information concerning a conviction of a
      misdemeanor or felony. The report must be made in writing to OPMC,
      with a copy to the appropriate area administrator of
      the New York State Office of Health Systems Management, within 30
days after the taking of such action, and must include:
  
i. The name and address of the individual;
  
ii. The profession and license number;
  
iii. The date of the Hospital's action;
  
iv. A description of the action taken; and
  
v. The reason for the Hospital's action or the nature of the
action or conduct which led to the resignation or withdrawal and
the date thereof.

3. In cases involving unlicensed physicians practicing under a limited permit
or serving in a clinical fellowship or residency, the Hospital must report to the
New York State Education Department Office of Professional Discipline.

4. All licensed health professionals, including physicians, are required by state
law to report colleagues whom they suspect may be guilty of misconduct as
defined in New York State law. Failure to report suspected instances of
misconduct is, in itself, misconduct. For physicians and House Staff Officers
affiliated with a hospital, the report can be made to the hospital's Chief
Medical Officer, who will then inform OPMC; in the case of a House Staff
Officer, the report may be made to the Program Director, the DIO, the
Senior Administrative Director for NYU GME, and/or all relevant Hospital
Medical Directors. If the colleague is not affiliated with a hospital, a report can
be made to the county medical society, which will be responsible for
reporting to OPMC. If a health professional is uncertain whether specific actions
or behaviors constitute misconduct, the practitioner. Once advice is provided, the
health professional who requested the advice is required to follow it.

5. Practitioners suspected of having problems with alcohol, drugs, or mental
illness, but whose ability to practice is not impaired, may be reported to the
Committee on Physicians' Health of the Medical Society of the State of New
York (CPH). All calls are confidential. CPH identifies, refers to treatment and
monitors impaired physicians. The program is voluntary and participation is
confidential. The names of physicians participating in the program are not
shared with OPMC without a participant's approval unless there is a failure to
comply with treatment recommendations. A physician whose medical
performance may be impaired, however, also must be reported to OPMC.
The law does not exempt physicians from their duty to report colleagues
practicing with a suspected impairment to OPMC because they have reported to
CPH.

6. Nothing in this policy relieves the institution of its obligations to report
incidents of possible professional misconduct under applicable laws and
regulations. The results of drug or alcohol testing and matters related
thereto shall be kept confidential except to the extent necessary to implement
this policy.
7. A Warning and Plan for Remediation need not be reported.

**Originally Adopted:** 2/11/2003 (Evaluation, Corrective Action, and Discipline Policy)
**Supersedes:** 05/08
**Approved by:** Graduate Medical Education Committee
Disaster Policy

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 05/16/08
Reissue Date: 04/2013
Disaster Policy

I. Policy Purpose

To define the basic procedures and assigned responsibilities to efficiently and effectively reconstitute and restructure the resident training experience following a disaster or a set of significant events, and/or interruption inpatient care. NYU SoM strives to provide a stable educational environment for House Staff Officers and to provide guidelines for administrative continuity and maintenance of the critical teaching mission of the NYU SoM.

When disasters occur elsewhere we will attempt to take on displaced residents from other programs when feasible. In order to credential House Staff displaced due to natural or other disasters. The GME may accept a modified list of credentials, agreed upon by the DIO, the Director, and the Senior Administrative Director of GME of the host institution. Under all circumstances, it is the responsibility of the GME to credential displaced House Staff.

II. Applicability of the Policy

All Trainees, including those in ACGME and non-ACGME accredited specialty and subspecialty program.

III. Definitions (if applicable)

A. NYUHC – NYU Hospitals Center
B. NYU SoM – New York University School of Medicine
C. GMEC – Graduate Medical Education Committee
D. GME – Office of Graduate Medical Education
E. ACGME – Accreditation Council for Graduate Medical Education
F. DIO – ACGME Designated Institutional Official
   G. Disaster – An event or set of events causing significant alteration to the residency experience at one or more residency programs.
   H. Director – Medical director of ACGME-accredited or non-accredited specialty or sub-specialty program.
I. House Staff Officer – Trainees in specialty and subspecialty programs, whether or not ACME-accredited.
V. Responsibilities

A. GMEC’s Responsibilities

1. The GMEC is responsible for assuring that all graduate medical education programs and Directors are aware of and comply with this policy and for monitoring program-specific contingency planning for a disaster or interruption in patient care.

B. SoM’s Responsibilities

1. All SoM sponsored graduate medical education Directors are responsible for implementing this policy as it pertains to program-specific disaster contingency planning and to communication with the Office of Graduate Medical Education, ACGME, and House Staff Officers regarding temporary and/or permanent transfers.

C. DIO and GME Responsibilities

1. The SoM Designated Institutional Official to the ACGME and the SoM Graduate Medical Education Program staff are responsible for working with disaster-affected programs and Directors to reconstitute or reconfigure the educational experience for residents and clinical fellows.

IV. Procedure

1. Immediately after a disaster or interruption in patient care, each graduate medical education program affected by the disaster or interruption, under the direction of its Director, and in collaboration with the DIO and the Office of Graduate Medical Education, will undertake all reasonable measures to ascertain the whereabouts of its trainees and ensure their safety. If trainees are in immediate danger, the Director, in collaboration with the DIO and Office of GME, will coordinate all reasonable measures available to the SoM to remove trainees from harm and return them to safety.

2. Communication: Consistent with the NYU Emergency Operations Plan, information concerning disaster operations can be found at [www.med.nyu.edu](http://www.med.nyu.edu). The Office of Graduate Medical Education will serve as an information clearinghouse for House Staff Officers and Program Directors during a disaster. In the event that the NYU website or email is not available, alternate means of communication such as cell phones, personal emails may be used, including social media.

3. As soon as possible after the disaster or interruption in patient care, the DIO will notify the ACGME of the nature and details of the disaster or the interruption. The Executive Director of ACGME with consultation of the
ACGME Executive Committee and the Chair of the Institutional Review Committee will decide if the disaster report warrants a declaration of disaster by the ACGME. Should the ACGME declare a disaster, a notice will be posted on the ACGME website, with information relating to the ACGME response to the disaster. The DIO will monitor this information and maintain ongoing communications with the ACGME.

4. Following declaration of a disaster or an interruption in patient care, the DIO, and Office of Graduate Medical Education, working with the GMEC, and other SoM administration will work to restructure, reconfigure or reconstitute the educational experience for trainees enrolled in SoM sponsored graduate medical education programs affected by the disaster or interruption, as quickly as possible.

5. Within ten days after a declaration of disaster is issued by the ACGME, the DIO or his/her designee will contact the ACGME to discuss the due dates that the ACGME will establish for each affected program to: Submit proposed program reconfigurations for review by the ACGME Inform each House Staff Officer of a transfer decision

6. **Transfer**

a. If the DIO determines that the SoM sponsored graduate medical education program(s) affected by the disaster or interruption in patient care cannot be restructured or reconstituted to provide an adequate educational experience for House Staff Officers, or if the program cannot be restructured or reconstituted within an appropriate time frame to allow House Staff Officers to complete their training program requirements within the standard time required for certification within their specialty, then the DIO working in collaboration with the Director(s), the Office of Graduate Medical Education, and SoM administration will:

   i. Arrange temporary transfers to other programs/institutions until such time as the training program can provide an adequate educational experience for each of its House Staff Officers.

   ii. Cooperate in and facilitate temporary/permanent transfers to other programs/institutions. Programs/institutions will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will timely complete the training year.

   iii. A Memorandum of Understanding (MOU) will be created for each rotating Institution our trainees are being displaced to.

b. Inform each transferred trainee of the minimum duration of his/her temporary transfer, and continue to keep each trainee informed of the minimum
duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a training year, it must so inform each such transferred trainee.

c. During the period of time that NYU trainees spend in temporary transfer at the host program, NYU and affiliates will continue to provide salary, travel, and benefits to the trainee, consistent with applicable law.

7. SoM trainees, who, as a result of the disaster or interruption in patient care, temporarily transfer to other training programs, will be provided by their Directors with a best estimate of the duration of time that relocation to the host program will be necessary. Should the time at the host program need to be extended, the House Staff Officers will be notified by their Director(s) using written or electronic means, indicating the estimated duration of the extension.

8. The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and communication regarding specific graduate medical education needs within SoM. The DIO will call or email the Institutional Review Committee Executive Director with information and/or requests for information as specified in the ACGME Policies and Procedure manual. Communications from Directors to the ACGME will be directed by phone or email to the appropriate Review Committee Executive Director. Communications from residents/clinical fellows to the ACGME also will be directed to the appropriate Review Committee Executive Director.

9. Individual NYU sponsored graduate medical education programs will take responsibility for establishing contingency plans and procedures to address continuation of program leadership, evacuation planning, relocation, program recovery, maintenance of communication and working with affiliates in the event of a disaster or interruption in patient care.

10. Individual NYU sponsored graduate medical education programs will, to the extent permitted by available resources and program personnel, protect the academic and training files of residents or clinical fellows from loss or destruction by disaster.

11. Administrative Support

a. All temporary Disaster Relief rotations to other institutions must be maintained in New Innovations.

b. In the event of a disaster, communication between the Senior Administrative Director of Graduate Medical Education, the DIO, Chief Medical Officers of NYU Tisch Hospital and the affiliate institutions, General Counsel, and the Vice Dean of Human Resources will be initiated to mobilize House Staff. During a disaster House Staff can obtain current information on the NYU Emergency Management website:

12. **Displaced Residents From Other Programs**

   a. If salary and support will continue to be provided by home institution, then the House Staff will only need to submit the following:

      i. In-Elective Form, Request, and Agreement
      ii. House Staff Application
      iii. Proof of approval of Director & DIO from host institution

   b. If the House Staff is to be employed in addition to the above, the necessary employment paperwork must be submitted, following the credentialing checklist of SoM.

   c. If the displaced House Staff was in the accredited program at their home institution, the corresponding accredited program at SoM must request ACGME permission to temporarily host displaced House Staff.
Duty Hour Policy

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Duty Hour Policy

The Vascular Surgery Fellowship at New York University School of Medicine considers the Duty Hour Policy as absolutely mandatory and takes into account both the newly revised ACGME requirements as well as the New York State Department of Health Duty Hour policies. The most restrictive policy between the two is used here. Duty hours include all clinical and academic activities of the Fellow i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, transfer of patient care, time spent in-house on-call, and scheduled academic activities such as conferences. Duty Hours do not include reading and preparation time spent away from the duty site.

It is the policy of the Vascular Surgery Fellowship at New York University School of Medicine that the fellows must maintain compliance with the following duty hour rules. Furthermore, all fellows should use alertness management strategies while engaging in patient care. Surgical fellows at NYU School of Medicine have reviewed the warning signs of fatigue, alertness management strategies, and strategic napping policies during the mandatory fatigue recognition and management online tutorial and similar lecture given by the Program Director. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

It is the policy of the Vascular Surgery Fellowship at New York University Medical Center that the fellows are in compliance of the following duty hour rules.

RULE 1: Duty hours MUST be limited to 80 hours per week, average over a four-week period. This is inclusive of all in-house call activities.

a) If the fellow comes into the hospital for consults/rounds, the hours count towards the 80 hours. This includes home call.

b) Each weekend, one fellow is on call (each fellow has one call per month, for a total of 13 weekend calls each year).

c) On the weekends, the fellow who is on call MUST round, take care of consult notes as needed and finish his on-site work from 7am-12pm. The evenings are covered by the general surgery night float team.

d) The fellow who is in the Outpatient Service rotation (where there is no call schedule) is always designed as the “relief fellow.” The relief fellow is there to step in and relieve the fellow who is on call, where that call might otherwise demand a breach of these rules governing duty hours.

RULE 2: Fellows must be provided with one 24 hour day/week free from all educational and clinical responsibilities.
a) Fellows MUST turn off their pagers for 1 full day/week.
b) Fellows taking home call also must comply with this rule and get 1 day off each week.

RULE 3: Fellows must have a 10 hour period between shifts
a) The 10 hour period starts once the fellow leaves the hospital and is relieved of all patient care responsibility.
b) On any of the vascular surgery services, if a fellow is on duty for any period of time that would impinge on that fellow's achieving his 10 hours of duty-free rest, then the relief fellow will step in for the fellow in need of rest. The requirement of duty-free rest is an absolute one and the fellow may not return for 10 hours

RULE 4: Fellows CANNOT work more than 24 hours consecutively.
a) Fellows cannot be on duty more than 24 hours of continuous duty.
b) At any time, if a fellow is on duty for any 24 hour period (even if that includes home call) then the relief fellow will step in for the fellow in need of rest. The requirement of duty-free rest is an absolute one and the fellow may not return for 10 hours

Process for monitoring compliance with these duty hour rules
Each fellow is required to document his weekly duty hours (including on-site and home call) by filing out duty hours in New Innovations with the Department of Surgery- Division of vascular Surgery and with the Director of the Fellowship Program. The Program Director reviews the data and if he sees any incidence of non-compliance with these rules, he will meet with the fellow in violation of the rules and make necessary adjustments to ensure compliance.
Evaluation Policy

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Evaluations

There are several mechanisms by which the fellows evaluate the Program:

**New Innovation system**

The Vascular Surgery Fellowship Program has begun utilizing an electronic evaluation system called New Innovations. This system operates by coordinating a schedule of evaluations that must be submitted by all of the participants in the program (including the fellows, attending faculty, the Program Director, and other personnel at the medical center) and email reminders to each of these participants.

Each email reminder contains a link to the actual evaluation, so that a simple click enables the fellow to do the evaluation electronically. The system compiles the evaluations into a report for the Program Director so that he is able to monitor compliance with all of the rules and requirements of the Program. If, for example, the evaluations point out a deficiency in a particular area, the Director is made aware and can take steps to remediate the deficiency. Additionally, the system also sends the Director reports about the instances of failure to complete the evaluations themselves, ensuring the ability to monitor compliance with the Program requirements.

**ACGME Survey**

The ACGME conducts an annual survey of the fellows about the Program and sends the information to the Program Director. The Program Director reviews the survey and takes steps to address any deficiencies that the survey identifies.
Meetings between fellows and the Program Director/Program Retreat

The Program Director is well aware that the small size of the program may negatively impact the anonymity of the program evaluation survey. The fellows are encouraged to offer comments about the program during their frequent meetings with the Program Director, who goes to great lengths to solicit information from the fellows that may have bearing on the program and makes a great effort to not allow any negative consequences to flow from candid expressions by fellows about the program. For example, the Program Director may allow some time to pass before talking to a faculty member about an issue so as to protect the identity of the fellow who raised the issue (of course, without compromising patient care). The Program Director and members of the faculty are able to develop close relationships with the fellows and elicit information from the fellows on account of this close working relationship. Additionally, a retreat comprising selected fellows and faculty is set up to review the program each June. The summary of this retreat is kept in Divisional files.

Collective Evaluation of Program by Fellows

At the end of each Program year, the Program Director asks the fellows to meet and generate a collective evaluation of the Program and of each member of the faculty. This allows another opportunity for anonymous input by the fellows. By submitting one collective evaluation for the group of fellows, there can be no attribution of authorship to any particular fellow.
Fatigue Mitigation Policy

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 09/16/2011
Reissue Date: 04/01/2013
Alertness Management/Fatigue Mitigation

I. Policy Purpose

In 2010, the Accreditation Council for Graduate Medical Education (ACGME) set new standards for House Staff Officer well-being based on recommendations made by the Institute of Medicine (IOM). One of the new standards was the need to set more specific requirements for alertness management and fatigue mitigation strategies designed to ensure continuity in both patient care and resident safety.

II. Applicability of the Policy

Applies to House Staff Officers enrolled in all NYU Hospitals Center specialty and sub-specialty training programs.

III. Definitions (if applicable)

A. GME – Office of Graduate Medical Education
B. ACGME – Accreditation Council for Graduate Medical Education
C. IOM – Institute of Medicine

IV. Policy

A. The GME Training Program must:
   a. Educate all faculty members and House Staff Officers to recognize the signs of fatigue and sleep deprivation
      i. At minimum, this education must be given to all faculty and house staff via the Sleep Alertness and Fatigue Education in Residency (SAFER) module.
   b. Educate all faculty members and House Staff Officers in alertness management and fatigue mitigation processes;
      ii. All House Staff officers and Program Faculty, must complete the SAFER online tutorial on Sleep Alertness and Fatigue Management.
   c. Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

B. Each program must have a formal process to ensure continuity of patient care in the event that a House Staff Officer may be unable to perform his/her patient care duties. This process must be communicated to program trainees and faculty.
C. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for House Staff Officers who may be too fatigued to safely return home.

**Division of Vascular Surgery**

**Back-up Plan:**
The first-call fellow will not hesitate to solicit the second-call fellow for help and consultation as needed. The second-call fellow will not hesitate to come in to the hospital, see patients or perform procedures in conjunction with the first-call fellow. The second-call fellow will also perform consultation or procedures as needed when the first-call fellow is already engaged, preventing his/her attending to the second consultation in a timely fashion. This holds true as well when the first-call fellow is unduly stressed or fatigued.
Impairment Policy

NYU Hospitals Center

Issuing Department: Graduate Medical Education
Effective Date: 09/01/2013
Policy Name: Impairment Policy for Residents and Fellows

I. Summary of Policy

The Accreditation Council for Graduate Medical Education (ACGME) requires a written policy and procedure for addressing resident and fellow impairment. The procedures are designed to be fair to residents/fellows, patients under care, and the training program and are applicable to all residents/fellows in training at New York University School of Medicine (“NYU”).

All further references in this document, to residents shall include fellows.

II. Definitions

ACGME – Accreditation Council for Graduate Medical Education
CPH – Committee on Physicians’ Health of the Medical Society of the State of New York
Director – Director of Residency or Fellowship training program
GME – Office of Graduate Medical Education

NYU – New York University School of Medicine

OPMC – NYS Office of Professional Medical Conduct

House Staff Officer - a physician who is enrolled in an accredited or non-accredited NYUSoM Training Program for a clinical specialty or subspecialty this includes all Residents and Clinical Fellows.

III. Physician Impairment

If, at any time, the Director has reasonable cause to suspect that a resident's behavior is altered because of a physical or mental impairment or the use of drugs, narcotics, or alcohol, the resident shall, at the Director's request, submit to a physical and/or mental examination by a nurse practitioner and/or physician(s) acceptable to the NYU Hospitals Center Employee Health Service.
Reasonable cause shall include, but not be limited to:

- unsatisfactory, excessive, or deteriorating attendance record;
- unexplained absences;
- missed appointments,
- declining productivity or other unsatisfactory performance,
- accosting, striking, or assaulting an employee, patient, or visitor other than in self-defense;
- returning to work following participation in a drug or alcohol rehabilitation program or leave of absence;
- unkempt appearance, poor hygiene; trembling, slurred speech; bloodshot or bleary eyes;
- complaints or allegations of impairment by anyone interacting with the house staff officer;
- arguments, bizarre behavior;
- irritability, depression, mood swings, irresponsibility;
- poor memory, poor concentration;
- unexplained accidents or injuries to self;
- neglect of family, isolation from friends;
- DWI arrest, DUI violations, or any other arrest involving drugs or alcohol;
- financial and/or legal problems;
- unavailability by pager, phone or email;
- unexplained rounding at irregular times;
- loss of interest in professional activities, social or community affairs;
- neglect of patients, incomplete charting, or neglect of other clinical or academic responsibilities;
- inappropriate treatment or dangerous orders;
- excessive prescription writing;
- unusually high doses or wastage noted in drug logs;
- noticeable dependency on alcohol or drugs to relieve stress;
- intoxication at social events or odor of alcohol on breath while on duty; or
- any other behavior which suggests that the employee may be unfit for work or which may be reasonably attributable to the use of drugs, narcotics, or alcohol.

The Director shall, prior to making such request, consult with the NYU GME. The purpose of the examination(s) shall be to determine if the resident is free from health impairments which pose potential risk to patients or personnel or which may interfere with the performance of the resident’s clinical duties. The examination shall include, but not be limited to, a breathalyzer, urinalysis, blood, and/or other similar tests to determine if drugs, narcotics, and/or alcohol are in the resident’s system. Upon requesting a fitness for duty examination, the Director must explain to the house staff officer that failure to undergo such examination when requested shall be grounds for immediate suspension and/or dismissal from the training.
program in accordance with the provisions of Corrective Action and Disciplinary Policy Section IV.A.4, Summary Suspension, and Section IV.A.5, Dismissal.

Pending and following medical evaluation, the resident may be placed on a medical leave of absence, administratively referred for further evaluation and recommended treatment, and/or subject to disciplinary action up to and including termination of the residency in accordance with The Corrective Action and Disciplinary Policy. The Director shall consult with the NYU GME prior to any decisions regarding medical leave of absence, treatment referral or disciplinary action.

IV. Reporting

Hospitals are required to report to the New York State Office of Professional Medical Conduct (OPMC) whenever any of the following actions are taken for reasons related in any way to alleged mental or physical impairment: denial, suspension, restriction, termination, or curtailment of, or voluntary or involuntary resignation or withdrawal from, training, employment, association, or professional privileges, or the denial of certification of completion of training.

All licensed health professionals, including physicians, are required by state law to report colleagues whom they suspect may be practicing while impaired. Failure to report is, in itself, professional misconduct. For attending physicians, the report can be made to the hospital's chief medical officer, who must then inform OPMC; in the case of residents and fellows, the report should be made to the Program Director or the Senior Administrative Director for NYU GME, who must then inform OPMC.

Physicians suspected of having problems with alcohol, drugs, or mental illness, but whose ability to practice is not impaired, may be reported to the Committee on Physicians’ Health of the Medical Society of the State of New York (CPH). All calls are confidential. CPH identifies, refers to treatment, and monitors impaired physicians. The program is voluntary and participation is confidential. The names of physicians participating in the program are not shared with OPMC without a participant’s approval unless there is a failure to comply with treatment recommendations. A referral to CPH does not exempt physicians from their duty to report colleagues practicing with a suspected impairment to OPMC.

Nothing in this policy relieves the institution of its obligations to report incidents of possible professional misconduct under applicable laws and regulations. The results of drug or alcohol testing and matters related thereto shall be kept confidential except to the extent necessary to implement this policy.
Moonlighting Policy

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Moonlighting Policy

I. Policy and Procedure

The NYU Residency Training Program Agreement prohibits a Resident or Fellow from engaging in any moonlighting activity except upon receipt of prior written approval from the Program Director. The Director has the discretion to prohibit moonlighting activities that interfere with educational objectives, patient care responsibilities, and/or Duty Hour limitations and to develop a moonlighting policy for his/her training program that is more restrictive than the requirements set forth under this Moonlighting Policy for Residents.

The General Surgery residency program and fellowship will only allow moonlighting when the resident is on vacation or on leave of absence for research from the clinical program.

A. Moonlighting Application. The Resident/Fellow must initiate the Application process.

   1. Resident’s/Fellow Submission of Application. Prior to the acceptance and commencement of any moonlighting activity, any Resident wishing to moonlight (as defined in Section II, Definitions) must submit a completed and signed Application to Dr. Berman, Program Director, for approval. The Resident may not commence, under any circumstance, any moonlighting activity without prior written approval from Dr. Berman. An Application may be obtained from the Department office in New Bellevue 15 North 1.

   2. Director’s Discretion. The Program Director has the discretion to decide, categorically or individually, whether or not the proposed moonlighting activity is compatible with the training requirements for the program. The Director, therefore, may permit, prohibit, limit, or revoke permission to moonlight as s/he deems appropriate. In addition, NYU, or any individual Director, may deny any moonlighting activity that is deemed inconsistent with NYU policy. The Director will base his/her written approval or denial of a Resident’s Application on factors that include, but are not limited to:

      a. Residency Review Committee Requirements. The Resident's proposed moonlighting activity must comply with the requirements of his/her programs’ Residency Review Committee regarding moonlighting.

      b. PGY Level. The Resident must have completed at least one year of clinical training in an approved residency training program and possess a valid New York State medical license.

      c. Academic Standing. The Resident must be in good standing, as evidenced by his/her evaluations.

      d. Total Duty Hours. The Resident's total Duty Hours must not exceed the limitations set forth under NYU’s Duty Hours Policy for Residents.

      e. Conflict of Commitment. Residency education is a full-time endeavor. The Director, therefore, must ensure that the Resident’s moonlighting workload interferes neither with the Resident's ability to achieve the goals and objectives of his/her residency program nor with his/her ability to complete regular duties, including call and continuity practice.

   3. Program Director's Approval/Denial. The Program Director must indicate his approval or denial of a Resident's Application by completing the
appropriate section of the Application. Any Resident who moonlights in the absence of prior written approval from his/her Director is subject to disciplinary action.

a. **Moonlighting Denied.**
   i. **Not Subject to Appeal.** The Program Director's decision to deny a Resident's Application is final and not subject to appeal.
   ii. **Record Maintenance.** The Program Director will send the original denied Application to the Resident, maintain a copy in the Residents' department file, and forward a copy to the NYU Graduate Medical Education office.

b. **Moonlighting Approved.** In the event the Application is approved, the Director will send the original approved Application, with a copy of this Moonlighting Policy for Residents attached, to the Resident. Per ACGME requirements, the Director will maintain a copy of the approved Application in the Residents' department file. The Director also will forward a copy to the NYU Graduate Medical Education Office.

B. **Resident's/Fellows Responsibilities.** Upon receipt of an approved Application, the Resident must:

1. **Comply with Program Assignments.** The Resident's commitment to his/her residency training program must take priority over any moonlighting activity. Failure to comply with program assignments will subject the Resident to disciplinary action.

2. **Obtain Malpractice Coverage.** The Resident must either purchase sufficient malpractice insurance to cover his/her moonlighting activities or obtain written assurance from the Hiring Entity that it will provide malpractice insurance and workers' compensation coverage to the Resident. That insurance is separate from the coverage provided by NYU for the Resident's core training program. NYU's malpractice policy for Residents does not extend to medical services rendered outside of officially scheduled assignments, duties, or rotations.

3. **Obtain License or Limited Permit and DEA Registration Number.** In accordance with New York State Education Law, the Resident must obtain a license or limited permit before s/he may begin any moonlighting activity. Pursuant to Drug Enforcement Agency regulations, the Resident may not use, under any circumstances, a DEA Registration Number assigned to the Resident by NYU while engaged in moonlighting activities outside the NYU System.

4. **Refrain from Moonlighting During Regular Duty Hours.** The Resident MUST NOT moonlight during regular Duty Hours, as defined by his/her Program Director.

5. **Adhere to Duty Hour Limitations.** The Resident is responsible for complying with the Duty Hour limitations set forth under NYU's Duty Hours Policy for Residents when moonlighting and, as such, must assure his/her NYU Director that the combined training program and moonlighting hours do not exceed those Duty Hour limits. Time spent moonlighting must be included in the calculation of Duty Hours.

6. **Submit Weekly Schedule.** The Resident must provide the Program Director with the Resident's total working hours for any and all moonlighting activities each week. Under no circumstance will any Resident be allowed to work in excess of Duty Hour limitations.

7. **Refrain From Wearing NYU Identification When Moonlighting.** The Resident must not be visually identifiable as a trainee in an NYU residency training program when moonlighting at a Hiring Entity other than Tisch, Bellevue, the Veterans' Administration and the Hospital for Joint Diseases.
8. **Arrange for Direct Remuneration.** Each Hiring Entity must remit remuneration and benefits earned by the Resident while moonlighting directly to the Resident.

9. **Submit Ad Hoc Changes/Annual Renewal.** The Resident must submit a new Application to his/her Director annually and as changes to his/her training program requirements or previously approved moonlighting activities occur. Changes include any modification to the a) training program schedule (e.g., due to promotion to next PGY level); b) number of moonlighting hours worked; c) supervisor(s) to whom the Resident is assigned while engaged in an approved moonlighting activity; and/or d) sites where the moonlighting activity occurs. The Director must approve or deny each request for continued or amended moonlighting activity in writing.

C. **Director's Monitoring Responsibilities.**

1. **Performance.** Once the Resident has begun an approved moonlighting activity, the Director must monitor and document the Resident's performance to ensure that factors such as Resident fatigue are not detracting from patient safety or contributing to diminished learning or performance.

2. **Duty Hours.** The Director must review the Resident's weekly report of moonlighting hours so that the Director may monitor the Resident's total Duty Hours. The Resident, however, is responsible for ensuring that s/he does not exceed established Duty Hour restrictions as set forth under the NYU Duty Hours Policy for Residents.

D. **Moonlighting Revoked.** Any limitations to, prohibitions against, or revocations of moonlighting privileges made subsequent to an approval must be documented in writing and presented to the Resident by his/her Director. The Director must maintain a copy of such written notice in the Resident's department file and forward a copy to the NYU Graduate Medical Education Office. Once the Program Director has revoked the Resident's permission to moonlight, the Resident will not be eligible for reinstatement or reconsideration of his/her moonlighting privileges for six months.
On-call Policy

NYU Langone Medical Center
Division of Vascular and Endovascular
On-Call Policy for Fellows

The first-call and second-call (backup) fellows will be on call for Tisch/Bellevue and VA Hospital from 7PM until 8AM on weekdays, and from 7AM until 8AM on weekends and Tisch/Bellevue and VA Hospital holidays. All call is at-home call and fellows will be immediately available by pager and/or telephone. Fellows must be able to see patients in hospital within 20 minutes of being called.

The first-call fellow will not hesitate to solicit the second-call fellow for help and consultation as needed. The second-call fellow will not hesitate to come in to the hospital, see patients or perform procedures in conjunction with the first-call fellow. The second-call fellow will also perform consultation or procedures as needed when the first-call fellow is already engaged, preventing his/her attending to the second consultation in a timely fashion. This holds true as well when the first-call fellow is unduly stressed or fatigued.
Out-rotation/Elective Policy

NYU School of Medicine  
Issuing Department: Graduate Medical Education  
Effective Date: 04/21/11  
Reissue Date: 04/2013  
Out-Elective Policy and Procedure

I. Policy Purpose

Over the course of a House Staff Officer’s post-graduate training, s/he may be permitted a program-specific number of electives. Accordingly, the Resident/Fellow may request authorization to explore a clinical or research experience not available through the New York University School of Medicine/NYU Hospitals Center system (“NYUHC”) by seeking approval for an Out-Elective.

II. Applicability of the Policy

House Staff Officer’s enrolled in ACGME-accredited specialty and sub-specialty programs

III. Definitions (if applicable)

A. ACGME – Accreditation Council for Graduate Medical Education
B. Agreement – Out-Elective Program Letter of Agreement
C. Director – NYU Director of Residency Training
D. House Staff Officer - a physician who is enrolled in an Accredited or non-Accredited
E. NYUSoM Training Program for a clinical specialty or subspecialty this includes all Residents and Clinical Fellows.
F. GME – Office of Graduate Medical Education
G. Host Institution - The site of approved clinical study undertaken outside the NYU System. A Host Institution can be a hospital, a private practice office, or any other clinical entity.
H. SOM - New York University School of Medicine
I. NYUHC - NYU Hospitals Center
J. Out-Elective - A program of study that is arranged on an individual basis and hosted by an institution that is outside the NYU System (as defined in this Section II). Out-Electives must be authorized by the NYU GME and be consistent with Residency Review Committee requirements.
K. Request – Out-Elective Request Form
L. Standing Rotation - A Standing Rotation is a required component of a residency-training program that takes place at a hospital or other setting where NYU has an institutional affiliation agreement. This policy does not pertain to Standing Rotations.
M. Supervisor – Host Institution faculty responsible for the supervision and evaluation of an NYU Resident/Fellow.

IV. Policy
The Accreditation Council for Graduate Medical Education (“ACGME”) requires that Out-Electives a) be based on a clear educational rationale; b) have clearly stated learning objectives and activities; and c) provide resources not otherwise available within the House Staff Officer’s training program. In addition, Out-Electives must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Exceptions to those requirements must be justified and approved by the Out-Elective Subcommittee of the GMEC.

Out-Electives must be selected with the advice and approval of the House Staff Officer’s NYU Director of Residency Training (“Director”), who will base his/her recommendation on the House Staff Officer’s academic standing and factors which include whether or not the Out-Elective:

• Is available within the NYUHC;
• Enriches, but not replaces, the Resident/Fellow’s core experiences;
• Enhances the residency experience; and
• Provides sufficient and appropriate supervision to the Resident/Fellow.

When House Staff Officer’s education occurs outside NYU, NYU continues to have responsibility for the quality of that educational experience and must retain authority over the House Staff Officer’s activities.

In this document, references to Resident/Fellows are limited to NYU Resident/Fellows enrolled in ACGME-accredited specialty and sub-specialty programs.

V. Procedure
A. Initial Considerations - While it is within the Director’s discretion to grant initial approval for Out-Elective study to a Resident/Fellow in his/her program, under normal circumstances acceptable justification should include affirmation that the proposed training experience is not available within NYU.

B. Additional Acceptable Justification - The Director may, however, consider requests that:

• Provide defined educational opportunities specific to the House Staff Officer’s career goals;
• Are deemed valuable to NYU; or
• Are humanitarian in nature.

C. Requirements.
1. Good Academic Standing - A House Staff Officer must be in good academic standing, as evidenced by his/her performance evaluations.

2. PGY Year. - A House Staff Officer must be a PGY-2 or higher to be eligible for an Out-Elective.

D. Compensation and Malpractice Insurance Coverage - Arrangements for the House Staff Officer’s compensation and malpractice insurance coverage during the Out-Elective must be in place (see Sections IV, Medical Licensure and Malpractice Coverage, and V, Financial Considerations, in this document).
E. **Program-Specific Guidelines** - The Director will establish general Out-Elective guidelines for his/her program consistent with this Out-Elective Policy and Procedure.

F. **Selection of Out-Elective** - A House Staff Officer interested in pursuing an Out-Elective must select an area of interest and a location for such training. The House Staff Officer then must contact the supervising attending physician at the prospective Host Institution and obtain an informal promise of commitment from him/her.

G. **Completion of the Out Elective Request Form.**

1. **House Staff Officer’s Responsibility.** The House Staff Officer must initiate the application process at NYU by completing an Out-Elective Request Form, available online at the GME Website under Policies and Procedures. The Request form must be signed and approved by the Host Institution Supervisor. The House Staff Officer must submit the completed form to his/her Director for approval and signature.

2. **Director’s Responsibility.** The Director must approve or deny the House Staff Officer’s Request in writing:
   a. **Denial.** If the Director denies the House Staff Officer’s Request, the Director will return the form to the Resident/Fellow so indicating. A copy of the denied Request will be maintained in the House Staff Officer’s department file. The decision of the Director is final and not subject to appeal.
   b. **Approval.** In cases where the Director approves the Request, he/she will complete the appropriate area of the form, initiate an Out-Elective Program Letter of Agreement (“Agreement”), and submit a summary statement summarizing the elective and addressing the following criteria:
      • The educational value of the experience
      • Unique value the experience provides
   c. **Submission.** Submit all documents to the NYU Office of GME (three months prior to the scheduled out-elective). The elective will then need the approval of the Out-Elective Subcommittee of the GMEC, which meets quarterly.
   d. **NYU GME’s Responsibility.** The NYU Office of GME will forward the completed and signed Request and Agreement to the Out-Elective Subcommittee for final execution.

H. **Notification** - Once the Request and Agreement are fully executed, the NYU Office of GME will notify the Director and the Resident/Fellow of the final approval in writing.

I. **Recordkeeping** - Copies of the approved Request and Agreement will be sent to the House Staff Officer and maintained in the files of the NYU Office of GME. The original Request and Agreement will be maintained in the Resident/Fellow’s department file.

J. **Evaluation** - The Director must ensure that an evaluation of the House Staff Officer’s performance is obtained from the Supervisor or his/her designee at the end of the Out-Elective. The Director or his/her designee also should meet with the Resident/Fellow at the conclusion of the Out-Elective to discuss the experience and the evaluation with him/her.

K. **Continuity Experience** - For those programs that have continuity requirements, continuity experience must receive priority over other responsibilities and may be interrupted only for vacations and outside rotations located at too great a distance to allow Resident/Fellows to return. Periods of interruption may not exceed the limits set by the Position Control Board.

VI. **Medical Licensure and Malpractice Coverage**
A. Medical Licensure - It is the responsibility of the House Staff Officer to understand and follow the applicable state licensure rules for House Staff Officer in Graduate Medical Education ("GME") programs in the state in which s/he will be training. Many states require, at minimum, a training certificate to be issued by their state’s medical board prior to the commencement of any clinical activities; this requirement may include certain institutions within New York State.

B. Malpractice Coverage - Malpractice coverage provided to House Staff Officer by NYU is effective only within the standard clinical training program as defined within current affiliation and/or program agreements; therefore, the Resident/Fellow has the primary responsibility for ensuring that a malpractice policy, provided by either the Host Institution or by the NYU Insurance Office, is in force to cover his/her Out-Elective activities.

It is the policy of NYU School of Medicine that House Staff Officer who elect to participate in an out-elective contact the Host Facility to ensure that the Host Facility will provide professional liability insurance through a qualified professional liability insurance carrier or through self-insurance to cover the Resident/Fellows as applicable in their activities at the Host Facility.

If the Host Facility elects not to cover the House Staff Officer and if the out-elective is needed to complete ACGME requirements for the training program, the Resident/Fellow may request that the NYU Insurance Office authorize malpractice coverage for the out-elective. The House Staff Officer will not be covered by NYU malpractice insurance during an out-elective in the absence of a written malpractice insurance coverage authorization from the NYU Insurance Office.

Revised/Effective: 03/15/13
Reviewed:
N/A Supersedes:
7/18/08
Originally adopted: 09/09/03
Professionalism Policy

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Professionalism Policy

The training program in Vascular Surgery adheres to the institutional policy on professionalism.

As part of the curriculum designed to enhance Professionalism, the Program requires that the fellow participate in the following 6 lectures/seminars:

a. Advanced Communication Skills for Surgical Practice
b. Admitting Mistakes: Ethical and Communication Issues – Error reporting
c. Delivering Bad News - Your Chance to Become a Master Surgeon
d. Working With Professionals Around You: Team Communication
e. Working Across Language and Cultures: The Case for Informed Consent
f. Self-Care and the Stress of Surgical Practice

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 04/08/2013
Professionalism in Graduate Medical Education

I. Summary of Policy

The ACGME Common Program Requirements state the following with regard to professionalism in Graduate Medical Education:

Professionalism
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
IV.A.5.e).(1) compassion, integrity, and respect for others;
IV.A.5.e).(2) responsiveness to patient needs that supersedes self-interest; IV.A.5.e).(3) respect for patient privacy and autonomy;
IV.A.5.e).(4) accountability to patients, society and the profession; and,
IV.A.5.e).(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

II. Policy
Purpose

In addition to policies and expectations set by other organizations and institutions (such as the
ACGME, AAMC, Joint Commission, and hospital policies), this policy sets the professionalism expectations of House Staff Officers and faculty in Graduate Medical Education at NYU.

III. Applicability of the Policy

This policy applies to all House Staff Officers at NYU. Additionally, when applicable, this policy sets expectations for program directors and faculty.

IV. Definitions (if applicable)

A. House Staff Officer - a physician who is enrolled in an accredited or non-accredited NYUSoM Training Program for a clinical specialty or subspecialty this includes all Residents and Clinical Fellows.

V. Policy

A. Professionalism

a. Responsibilities: All House Staff Officers are expected to:

i. Adhere to all policies of Office of GME, NYULMC, HHC, VA, and any other policies that apply to House Staff Officers or the institution/location at which they are working.

b. In the Curriculum

i. In the Common Program Requirements, the ACGME states that evaluation and teaching of professionalism "is most effective when done in the context of patient care and related activities, (e.g., conducting QI projects, leading a team, presenting M&M, reflections on practice, conversation with mentor." Program Directors and faculty must ensure the integration of professionalism into all possible aspects of the curriculum.

ii. Programs must incorporate education about the appropriate scenarios in which a House Staff Officer should ask for help. Each program must determine appropriate escalation procedures. These escalation procedures must be provided to House Staff Officers.

iii. Programs must incorporate education about error reporting procedures for all locations at which House Staff Officers will work.

iv. House Staff Officers must be appropriately educated about retaliation, how to recognize retaliatory actions, and the appropriate methods for dealing with such.

c. Evaluations and Feedback: Evaluations must be completed, as stipulated in the ACGME requirements and the NYU Evaluation Policy for Graduate Medical Education. In addition:

i. Both the evaluator and the individual being evaluated are expected to respect diversity of opinion.

ii. House Staff Officers must be open to accepting evaluations and feedback on their performance in all areas of training, and incorporate evaluations and
feedback into their practice.

d. Error Reporting, Concerns, and Complaints: House Staff Officer are at the front line of patient care, and are expected to report any errors or incidents using the appropriate methods. This practice is essential to patient care and quality improvement, and should be encouraged. In addition:

i. House Staff Officers are expected to submit any concerns or complaints as defined by the “House Staff Officer Concerns or Complaints” Policy. The appropriate mechanisms for submitting such information at each institution are available in this policy.

ii. If a situation or concern does not need to go through the formal processes listed above, House Staff Officers should approach their supervisor, the next highest ranking individual if the issue involved the supervisor, the Office of GME, and/or the Associate Dean of Graduate Medical Education.

iii. Programs are responsible for educating House Staff Officers about the error reporting methods at each hospital. Please refer to the “In the Curriculum” section of this policy.

iv. Programs must ensure that error reporting mechanisms are available to House Staff Officers at all times.

e. Quality Improvement and Patient Safety: House Staff Officers are expected to:

i. Participate in quality improvement and patient safety projects during their time of training.

ii. House Staff Officers are expected to be aware of quality improvement initiatives that are taking place at the hospitals in which they work. When possible and appropriate, House Staff Officers should actively participate in these initiatives.

iii. Programs are responsible for providing the appropriate education to House Staff Officers about institutional/hospital quality improvement initiatives.

B. Retaliation

a. In order to provide all House Staff Officers with a culture of safety, and to ensure that they feel comfortable reporting errors and providing feedback, asking for help, and reporting lapses in professionalism by colleagues, any and all retaliatory actions taken against a House Staff Officer should be escalated to his/her supervisor, or the next highest ranking individual in the event that the House Staff Officer’s supervisor is involved. Such incidents can also be reported directly to the Office of GME, and the Associate Dean of Graduate Medical Education.

C. Unprofessional Behavior and Remediation

a. Any lapses in professionalism will be handled according to the “Corrective Action and Disciplinary Policy for House Staff Officers.”
Recruitment and Selection Policy

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Recruitment and Selection Policy

Applicants for the Vascular Surgery Fellowship must have completed a five-year Surgery Residency by the time they would enter the Vascular Surgery Program.

Recruitment and Selection Policy:

Application to the Fellowship Program will be processed through the Electronic Residency Application Services (ERAS). Applicants will go through the National Resident Matching Program (NRMP) for the matching process. Our deadline for receiving applications through ERAS is March 25. Interviews are conducted from January through mid-March.

All applications must be submitted via ERAS and must include:

- Medical School Transcript
- USMLE Scores
- ABSITE Scores
- Letters of Recommendations
- Personal Statement
Supervision and Scope of Practice Policy (including Escalation)

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Supervision and Scope of Practice

The Vascular Surgery Fellowship Program educates and trains the fellow by placing him in all of the settings in which patient care occurs. Under the supervision of attending faculty members, the fellow works in the clinic/office setting, in the hospital setting (whether at Tisch Hospital, Bellevue Hospital, or the VA Hospital), and in the operating rooms at each of these hospitals. To ensure that patient care is optimized and never compromised, and to ensure that the fellow maximizes the opportunity to learn, there is supervision on many different levels. This supervision involves assessment, evaluation, and feedback, and then once that feedback is integrated into practice, the cycle begins again. Integral to this supervised training is a progressive increase in the level of responsibility given to and undertaken by the fellow.

1. The Faculty

Attending surgeons are chosen by the Chairman of the Department of Surgery, the Division Chief and the Program Director based on the attending surgeon's demonstration of a commitment to the fellows' education and personal and professional maturation, as well as to optimizing patient safety and care. It is expected that the teaching faculty are: available to fellows; approachable to fellows; open to hearing diverse opinions; compassionate; part of a team approach to fellow education and patient care; and, dedicated to truth and integrity.

2. Tools and Assessments Used for Supervision

Supervision is ensured through the use of the following tools and assessments:

   a. There is direct oversight of the fellows by faculty in the hospital, outpatient setting, and operating room. This may include meetings and discussions between the attending faculty member and fellow, the site director and fellow, or a combination of faculty members and the fellow. These discussions may focus on the patient's disease condition, diagnosis and treatment, the appropriate operative technique, communication skills, and any other possible aspect of the fellow's participation in the patient process. This also serves as an opportunity for the fellow to ask questions and receive immediate feedback.

   b. An annual examination to assess medical knowledge, called VSITE (Vascular Surgery In-Training Examination), is given to all fellows.
c. A key component to the Program is the web-based system for evaluations called New Innovations. There is a section in this manual called “Evaluations” which also describes the evaluation system utilized by the Program. Evaluations are required of each fellow by each faculty member; of each faculty member by each fellow; of each fellow by other residents and staff; and, of the overall Program. These evaluations are used to: Assess and document the fellow's performance during each rotation; assess the fellow in terms of the ACGME competencies; provide the fellow with feedback from multiple evaluators; document progressive performance improvement by the fellow; provide documented feedback to the fellow of his performance, at least 2 times each year. The fellow also receives a final evaluation which not only documents the fellow’s performance in the final period of the program, but also verifies that the fellow has demonstrated his ability to independently and competently practice vascular surgery.

d. The Program Director has formal meetings with each fellow to monitor and discuss the fellow's development, operative experience, leadership maturation, research endeavors and future career plans. These meetings are conducted on a semi-annual basis. Additionally, because the program is a relatively small one with only 4 fellows, the Program Director and Division Chief are able to have frequent informal meetings with each fellow during which candid discussion and feedback occur, further promoting the development and maturation of the vascular fellow.
3. **Specific Policies for Supervision**

A. **Supervision for Inpatient Care**

1. At each of the 3 hospital sites, there is in-hospital surgical faculty coverage 24 hours each day/7 days each week. Supervising faculty members are always available in person or by telephone. Specific schedules are prepared in advance and distributed to all fellows and throughout each hospital. These schedules note which faculty member is responsible for fellow supervision and patient coverage at all times. Supervising faculty, if not in-house, is immediately available by telephone and available in person within a reasonable time given the clinical situation.

2. To allow for supervised progressive responsibility, fellows make patient rounds on their service/hospital each morning. When appropriate, they also round on patients in the afternoon or more frequently as needed. Patient care plans are formulated by the fellows and then presented to the supervising faculty member. As outlined in the goals and objectives for each rotation, the fellows actively assume patient care responsibility, while being closely supervised by the faculty.

3. Intensive care units at Bellevue and Tisch are supervised by surgical and/or critical care faculty 24 hours each day/7 days each week. This is in addition to the faculty member primarily responsible for the patient’s care. At the critical care unit at the VA Hospital, faculty is present in-house until 12:00am at which time the covering physician is available by phone. This is in addition to the on-call supervising surgical faculty member covering the VA Hospital.

4. For inpatient and emergency room consults, the senior general surgery resident on the service makes the initial patient assessment and then notifies the vascular fellow. The fellow then assesses the patient, formulates a plan, and discusses the case with a vascular attending physician.
B. Supervision of Outpatient Experience

1. At each site, the outpatient experience is directly supervised by the vascular surgical teaching faculty.
   a. Bellevue and VA: Outpatient clinics are staffed by at least one full-time faculty member who is present for the duration of the entire clinic, providing full-time supervision to the fellow.
   b. Tisch: The fellow attends an individual attending physician’s clinic/office hours and direct supervision is provided by that faculty member.

2. In the outpatient setting, the fellows perform a history and physical examination and present it to the faculty member. Together, all imaging studies are reviewed and the fellow presents his plan of action to the supervising attending physician. When the plan is finalized, the fellow and supervising faculty member discuss the plan with the patient and answer any questions. The level of responsibility undertaken by the fellow increases progressively over the course of the fellowship program. While the supervision by the faculty member remains constant, the level of faculty input decreases progressively, in direct relation to the increase in responsibility by the fellow.

C. Supervision in the Operating Room

1. All operative procedures are performed under the direct supervision of an attending surgeon. The attending surgeon must document his supervision throughout each case.

2. Standard operating procedure at all 3 hospital sites dictate that the responsible surgical attending be present in the specific operating room and personally perform the “time out” prior to delivering anesthesia.

3. Direct supervision is required for procedures performed in the intensive care unit or in the trauma unit of the Emergency
Department. Critical care attending staffing is noted above with full-time in-house coverage at Tisch and Bellevue and coverage until midnight at the VA Hospital.

D. Delineation of Service Responsibilities between Fellows and Residents

1. The hospital team comprises a combination of junior (R1-3) and senior (R4) residents.
2. The fellow’s responsibility is to lead the resident team in conjunction with the attending staff.
3. The fellow is responsible for delegating responsibilities and OR cases to the residents.
4. The R4 or R3 will help lead rounds with the fellow in the morning as well as help to develop appropriate care plans. The R4 or R3 round independently in the afternoon, unless issues require fellow participation. The senior resident discusses patient issues and plans with the fellow either in person or by phone.
5. The R4 or R3 initially evaluate consults and then work with the fellow to formulate a plan prior to calling the attending.

E. Supervision of Duty Hours

1. Prior to beginning the Program, all teaching faculty and all fellows attend lectures regarding duty hour regulations. Every member of the teaching faculty signs a Departmental attestation that he not only understands the duty hour rules, but also will facilitate the fellows’ compliance with all duty hour regulations.

2. The Program Director supervises duty hour compliance by monitoring the fellows’ duty hour’s records in the New Innovations system. Fellows track their time on the New Innovations system by entering their duty hours every 2 weeks. New Innovations is set up to track these entries and automatically send email reminders to the fellows who have not submitted, as well as to the Program Director.
F. Supervision to Guard Against Fatigue and Sleep Deprivation

1. All fellows and all teaching faculty members have received fatigue and sleep deprivation tutorials. These educational tutorials have been designed to raise awareness of the dangers of sleep deprivation and fatigue and to educate as to how to recognize the signs and symptoms of fatigue and sleep deprivation.

2. It is the responsibility of all supervising faculty members and the Program Director to be vigilant about identifying any fellow who may be impaired by fatigue or sleep deprivation.

3. At all times, the following responsible and professional behavior is expected:
   a. When a fellow recognizes that he or she is suffering from fatigue or exhaustion, he or she must notify their supervising attending or the program director immediately.
   b. The supervising attending, Program Director, or Division Chief will immediately relieve the fellow of clinical responsibility and send him/her home to allow time for sleep. The faculty member shall also arrange for alternative coverage by calling in the “relief fellow” described in the Policy on Duty Hours.
   c. In the event a fellow is relieved of clinical responsibility on account of fatigue or exhaustion, that action shall be regarded ONLY as a positive one that placed patient safety first. Such an action shall NOT be considered as a negative occurrence by faculty or other fellows.

G. Emergency Situations

An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment to the health of a patient. In such situations, any fellow, assisted by other clinical personnel as may be available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending physician will be contacted and notified of the situation as soon as possible. The fellow will document the nature of that discussion in the patient’s record.

ESCALATION

Residents in the Department of Surgery at New York University School of Medicine are guided by rotation-based goals and objectives that include levels of supervision. They also are given a "Scope of Practice" both by postgraduate year and, for most procedures, based on their individualized skills and competency levels. These guidelines, however, do not always provide for the resident a rationale approach to when they should escalate information to supervising faculty and supervising chief
Residents. Residents must not hesitate to contact a supervising faculty or senior resident. The following serves as an escalation policy for residents:

**NOTIFY a more senior team member (Attending and Fellow) IMMEDIATELY for**

- **Death – unexpected**
- **Cardio-pulmonary arrest or Surgical Airway**
- **MRT (Medical Response Team) call** – Please note that any criterion to call for an MRT needs to be communicated immediately (even if an MRT was not called)
- **Level of care upgrade to a Post Op Unit or an ICU, no matter what the reason**
- **Deterioration in clinical status to include any of, but not restricted to, the following:**
  - acute neurologic event (e.g. seizure; TIA; CVA), no matter what cause
  - hemodynamic instability, no matter what cause
  - pulmonary distress or oxygen desaturation, no matter what cause
  - cardiac arrhythmia, sustained, recurrent, or not rapidly controlled
  - tachycardia when recovering from bariatric surgery
  - high fever, unexpected or not quickly suppressed
  - oliguria, unexpected, not responsive to simple therapy
  - pain, worsening or out of proportion to physical exam (e.g. ischemic)
  - pain, chest/back/abdominal with known/suspected aortic aneurysm
  - pain, abdominal with known/suspected mesenteric ischemia
  - neurologic symptoms with known/suspected arterial ischemia
  - change in pulse/Doppler or neurovascular exam of an extremity
  - medication error with untoward side-effect
  - fall with obvious injury

**NOTIFY a more senior team member IN AN URGENT MANNER for**

- **Death – even if expected or with DNR status receiving comfort care**
- **Deterioration in clinical status to include any of, but not restricted to, the following:**
  - cardiac arrhythmia, even if self-limited or not needing specific treatment
  - high fever, even if expected or quickly suppressed
  - oliguria, even if expected or responsive to simple therapy
  - pain, unexpectedly persistent
  - unexpected vomiting even without aspiration
  - pneumothorax, even without requiring thoracentesis or tube thoracostomy
  - wound appearance change, worrisome for bleeding, infection, or disruption
  - medication error, even without untoward side-effect
  - fall, even without overt injury

- **Significant change in vital lab value – even before a repeat, confirmation value is available. Depending on the clinical situation, immediate action may be needed.**
Radiographic imaging results – whether crucial findings are “positive” or “negative.” The need to notify is considered mandatory. Moreover, the information relayed must be confirmed to have been received. This Departmental policy recommends alerting all—not just one—member of the team. The surgical attending is expected to be notified of any of the above clinical events as soon as possible.
Terms and Conditions of Employment Policy

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 09/14/2012
Reissue Date: 03/29/2013

Terms and Conditions of Employment

I. Summary of Policy

The first condition for appointment is successful completion of the credentialing and employment processes. House Staff Officers must be able to furnish all required credential documents and be legally employable. All House Staff Officers are required to undergo and pass a drug toxicology screening, pre-employment background check, and fingerprint investigation prior to beginning work.

II. Definitions (if applicable)

A. GME – Office of Graduate Medical Education
B. CIR – Committee of Interns and Residents
C. LOA – Leave of Absence
D. NYULMC – New York University Langone Medical Center (including New York University School of Medicine, Tisch Hospital, Rusk Institute and Hospital for Joint Disease)
E. House Staff Officer – In this document, all references to House Staff Officers include trainees in specialty and subspecialty programs, whether or not ACGME-accredited.

III. Policy

A. Financial Support - The educational stipend for 2013-2014, based upon the level of postgraduate training, and subject to all applicable withholdings, is shown in the table below.
   a. In addition, if a House Staff Officer has completed or trained in a non-ACGME training program, they will be placed at the Payroll level that equals the years completed in an ACGME accredited training program plus one. Please note: This will include non-ACGME Research Programs and Extra Year Chiefs in Medicine and Pediatrics.

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B. **Licensure** - NYULMC policy on licensure is more restrictive than that of New York State. A full description of the Licensure Policy can be viewed on the GME website, under the “Policies and Procedures” section.

   a. For House Staff Officers in ACGME-accredited programs:
      
      i. A valid NYS Medical License (or limited permit if not eligible for license) may be required by individual program.
      
      ii. For all House Staff Officers entering NYU-sponsored, ACGME-approved post-graduate training programs, licensure is not required by New York State Law, because House Staff Officers fall under the “resident” exception of New York State Education Law 6526(1).
      
      iii. A valid NYS Medical License is required for Moonlighting (refer to Moonlighting policy).

      iv. This is a lengthy process and House Staff Officers are encouraged to submit their application early.

   b. For House Staff Officers in Non-ACGME Accredited Programs

      i. House Staff Officers in a non-ACGME accredited program MUST have a valid New York State License or a limited permit. House Staff Officers may not begin training without a license (or limited permit) and are required to maintain licensure for the entire training period.

      ii. House Staff Officers may obtain a limited permit in lieu of a license if:

         1. He/she does not meet citizenship requirements.

         2. He/she is an American citizen who graduated from a foreign medical school but does not have three years of post-graduate training. The limited permit will be acceptable until the trainee becomes eligible for a license and the license application can be processed.

C. **USMLE Step 3** - All House Staff Officers must take USMLE Step 3 (or COMLEX-USA for DO’s) prior to beginning their final year of residency, and must provide acceptable documentation of such. This will include applicant House Staff Officers that are entering their final year in a NYU sponsored Residency Training program. Foreign National Graduates are required to take and pass USMLE Step 3 to be eligible for an H1B Visa. A full description of the Licensure Policy can be viewed on the GME website, under the “Policies and Procedures” section.
D. Payroll/Union - There are two separate major payroll systems: NYULMC (Tisch, VA and Hospital for Joint Diseases) and Bellevue Hospital Center. House Staff Officers are initially placed on one of the two payrolls as determined by their program and, for the sake of parity, will rotate between the Bellevue and NYULMC payrolls throughout their training period. The payroll changes occur no more frequently than at yearly intervals. When a House Staff Officer rotates between hospital payrolls, their benefits change with the rotation, but coverage is always continuous. House Staff Officer Health benefits are fully covered at all times during the payroll switch. While on Bellevue payroll, House Staff Officers are required to join the union, Committee of Interns and Residents (CIR). If you have any concerns regarding benefits coverage or any related pay issues, please feel free to discuss them during your interview or at any time. For further information you may also contact the NYU Office of Graduate Medical Education at 212-263-5506.

E. Vacation – House Staff Officers are entitled to four weeks paid vacation per annum. Such vacation shall be taken at a time in agreement with the provisions of the vacation policy of the Residency Training Program and the annual rotation schedule. Vacation time is not accumulable and will not be paid out if not taken during a given academic year.

F. Leave – House Staff Officers are entitled to medical, family, personal, and educational leaves. A full description of the Time-Off and Leave of Absence Policy can be viewed on the GME website, under the “Policies and Procedures” section. Credit toward completion of the Residency Training Program requirements, with respect to leave time, shall be determined by the program’s individual policy on the effect of taking a LOA on completion of the program.

G. Professional Liability Insurance - The House Staff Officer shall be provided with professional liability insurance coverage for the duration of training. Such coverage shall provide legal defense and protection against awards from claims reported or filed after the the scope of the Residency Training Program. Such insurance coverage does not extend to outside employment, such as moonlighting.

H. Medical and Disability Insurance - Medical and disability insurance benefits will be made available to the House Staff Officers in accordance with the medical and disability insurance employee benefits of NYULMC or Bellevue Hospital Center depending on which institution has the House Staff Officers on its payroll at the time. The medical and disability insurance benefits are described in the new employee orientation materials of each hospital.


J. Housing Information – Applications and updated housing information will be provided in the packets mailed after the Match, to each new resident and clinical fellow. Applications and information can be downloaded from http://redaf.med.nyu.edu/housing. Housing priority is given to PGY-1 and PGY-2 House Staff Officers relocating from out-of-town. However, after a random lottery, most House Staff Officers will not receive a housing offer through NYU due to limited availability. New residents not offered housing may re-apply and go on a waiting list.

All NYULMC students and staff may access the off-campus housing website http://redaf.med.nyu.edu/och. That site includes relocation information, including a link to Citi-Habitats, a real estate agency which discounts its commissions for NYU affiliates. If current House Staff Officers log in with the Kerberos I.D. and password, they can access information on a lease
guaranty program.

K. Meals and Laundry – Both Bellevue and NYULMC include an annual meal allowance of $2,900, included in the annual salaries stated above. Lab coats and scrubs are supplied and laundered by the hospitals for House Staff Officers.

Copy of Contract - A sample copy of the House Staff Training Program Contract and the House Staff Manual are available for review on the GME website.

L. Book and Conference Stipend Reimbursement – The Book and Conference stipends were instituted to help offset expenses incurred during the trainees Academic Year by House Staff in relation to purchase of medical equipment or Conference presentation/attendance. The Book and Conference Policy can be found at: http://gme.med.nyu.edu/policies-procedures/policies.

M. Infection Control Requirement - Those required to complete an infection control training course are:
   a. All House Staff Officers who are PGY-4 and higher
   b. House Staff Officers who train at affiliated institutions which require infection control training.

N. Background Information - Several conditions must be met before a House Staff Officer can begin training:
   a. Toxicology screening: This is done no more than five weeks before the start date
   b. Background investigation: You must supply your social security number, driver’s license (when applicable), and previous addresses for the past seven years.
   c. New York State’s Child Abuse Registry (SCR): House Staff Officers who will have contact with the pediatric population must successfully clear this investigation. House Staff Officers in the following programs must complete the SCR during the hiring process:
      i. Child & Adolescent Psychiatry
      ii. Psychiatry
      iii. Psychiatry – Addiction
      iv. Psychiatry – Forensic
      v. Psychiatry – Forensic (non-ACGME)
      vi. Psychiatry – Geriatric Psychiatry
      vii. Psychiatry – Psychiatry/Neurology
      viii. Psychiatry – Psychosomatic Medicine
      ix. Psychiatry – Public Psychiatry
      x. Psychiatry – Reproductive Psychiatry – Women’s Mental Health
d. Fingerprinting: All House Staff Officers who rotate through the VA Hospital will be fingerprinted. House Staff Officers on the Bellevue Hospital payroll must be fingerprinted and a second background check is conducted by the New York City Health and Hospitals Corporation. The associated fee (currently $94.25) for fingerprinting at Bellevue Hospital will be taken out of the House Staff Officer’s first paycheck.

O. Residency Closure/Reduction. The Director will inform the House Staff Officer of any adverse accreditation actions taken by the ACGME against the House Staff Officer’s training program or of any decisions by NYU to reduce the size of or to close the training program within a reasonable period after such action is taken. In the event of a training program reduction or closure, NYU either will allow the House Staff Officer to complete his/her training at NYU or will assist the House Staff Officer in enrolling in an ACGME accredited program that will allow the House Staff Officer to continue his/her training.
Time-off and Effect of Taking LOA Policy

NYU Langone Medical Center
Department of Surgery
Division of Vascular and Endovascular
Policies and Procedures for Fellows Time off and Leave of Absence

The ACGME requires that each fellow must complete 22 months of training in Vascular Surgery over a 2 clinical year period. The Fellow will be required to make up excess time missed before he or she will be eligible for promotion within or completion of the program and before the specialty board will allow the fellow to take the board examination. The fellow must request time away from his or her training program at the earliest date possible to allow time for the Program Director to arrange coverage in the fellow’s absence. The fellow must submit corroborating documentation as requested to receive approval for time off (whether paid or unpaid) and, where applicable, to receive authorization to return to his or her training program.

Paid Time-Off Benefits

A. Bereavement

1. Immediate Family
   - Paid Time Off: 3 days maximum per event / non-accruable
   - Eligibility: The Resident is eligible for this benefit immediately after employment begins, with approval from Dr. Patrick Lamparello, Program Director.
   - Additional Info: The Resident will receive his or her regular pay for up to three working days in the event of the death of a parent, spouse, same gender domestic partner, child, brother, sister, mother/father-in-law or grandparent. The Resident must take bereavement days consecutively and within a reasonable time from the date of the death or funeral. Bereavement days may not be split or postponed.

2. Other Relatives
   - Paid Time Off: 1 day maximum per event / non-accruable.
   - Eligibility: The Resident is eligible for this benefit immediately after employment begins, with approval from Dr. Berman.
   - Additional Info: The Resident will receive his or her regular pay for up to one working day in the event of the death of a relative other than the relatives referenced above. The Resident must take the bereavement day within a reasonable time from the date of the relative’s death or funeral; it may not be postponed.

B. Adoption/Parental Leave

- Paid Time Off: 1 day per event / non-accruable.
- Eligibility: The Resident is eligible for this benefit immediately after employment begins, with approval from Dr. Patrick Lamparello, Program Director.
• Additional Info: The Resident will receive his or her regular pay for one working day to adopt a child or (for male residents), for the birth of his child (for female residents: see maternity leave policy below).

C. Disability (includes Maternity Leave Policy)

• Paid Time Off: 90 days maximum of sick bank time per annum / non-accruable unless a longer period of time is specified by one of the participating institutions. When on Bellevue Payroll, medical leave is unlimited and will be granted when satisfactory documentation is provided.

• Eligibility: The Resident is eligible for this benefit immediately after employment begins. For the purpose of this document, a Resident is considered disabled when, due to his or her own illness, injury, pregnancy, or childbirth, the Resident’s treating physician has determined that he or she is unable to work.

• Additional Info: Residents on NYU payroll will receive his or her regular pay for up to 90 working days in the event that he or she is certified as disabled. Any time taken due to injury or illness in excess of the 90-day allowance will be paid in accordance with the Medical Center disability benefit plan. In order to access the sick leave bank, the Resident should inform their Program Coordinator of their medical absence. The Program Coordinator will inform the NYU Graduate Medical Education Office of the last day worked. The Graduate Medical Education Office will submit the Disability request forms to NYU Human Resources Benefits Department. The Resident must submit documentation of medical necessity to NYU Human Resources Benefits Department. In order to recommence training, the Resident must submit appropriate and acceptable medical clearance from the treating physician to Dr. Berman and to the NYU Human Resources Benefits Department indicating they are able to return to work. NYU will replenish the Resident’s sick leave bank on July 1 of each year that the Resident is in training at NYU, (assuming the resident is working on July 1st).

If a resident is out sick, due to injury or illness, for more than 90 days in an academic year, eligibility for return to the training program will be dependent upon financial and academic position availability. The Resident will be required to make up excess time missed before he or she will be eligible for promotion within or completion of the program and before the specialty board will allow the Resident to take the board examination.

Note: A Resident who gives birth to a child is eligible for Maternity Leave. Maternity Leave is defined as a combination of:

• Disability Leave – Paid sick time/disability leave for the period of time the Resident is considered disabled;
• Family & Medical Leave – Runs concurrent with Disability Leave, beginning with the first day out;
• Vacation Time – Payable once the Resident is no longer considered disabled; and
• Personal (unpaid) Leave – The period of time beyond the first 12 weeks of leave, beginning on the last day of work. Permission to grant leave beyond the first 12 weeks of absence from training will be at the discretion of the Program Director.

The maximum amount of time allowed for a Resident’s entire maternity leave is 6 months from the last day worked. The Resident must submit to her Program Director documentation of medical necessity in order to be paid sick time during her disability leave. The Resident must submit appropriate and acceptable medical clearance before authorization to return to her training program will be granted. See also sections on
Adoption/ Maternity/Paternity, Vacation, FMLA, and Personal for additional information applicable to pregnancy and new parenthood.

MATERNITY LEAVE (ADDENDUM)

BY ACGME requirements, each resident must complete 54 months of training to sit for their boards. The time off for Maternity Leave needs to be pre-approved by the Program Director and the Institution. In addition, the resident will need to extend their training to make up time off for maternity leave to complete the 54 months of training over the course of 5 years.

D. Coverage for Sick Calls

Residents who are sick and are not able to come in on their scheduled work day should inform the Chief of the Service they are on, the Program Director and their Chief Resident. The Program Director will, contact a resident who is doing an elective rotation; contact residents from services such as breast, endocrine, surgical oncology; or finally, contact a resident who is out on Research, as long as the resident is credentialed, to cover for the sick resident. In the event that the Program Director is unable to hire a moonlighter, the attending surgeons on the service will have a non-teaching service.

E. Educational/Conference

Paid Time Off: 3 days maximum per annum / non-accruable with Departmental permission;

- Eligibility: The Resident is eligible for this benefit immediately after employment begins, at the discretion of Dr. Lamparello.
- Additional Info: Educational/conference leave is an optional benefit that is granted at the discretion of the Resident's Director. The Program Director will approve or deny leave based on factors including, but not limited to, the appropriateness and value of the workshop, conference, or seminar to the Resident's assignment and responsibilities as well as Medical Center staffing needs.

F. Jury Duty

- Paid Time Off: 10 days maximum per event / non-accruable When on Bellevue payroll, the Resident will receive $40 for the first 3 days of jury duty service instead of their regular salary.
- Eligibility: The Resident is eligible for this benefit immediately after employment begins, with approval from his or her Program Director.
- Additional Information: The Resident will receive his or her regular pay for up to ten days when summoned for jury duty. The Resident must submit the appropriate documentation to his or her Program Director in order to continue to receive regular pay while serving as a juror.

G. Marriage

- Paid Time Off: 3 days maximum per event / non-accruable - Not available when on Bellevue payroll.
- Eligibility: The Resident is eligible for this benefit immediately after employment begins, with approval from his or her Program Director.
o Additional Information: The Resident will receive his or her regular pay for up to three days for his or her marriage. The Resident must take marriage days consecutively and in association with the date of the event.

H. Military

o Paid Time Off: 2 weeks maximum per event / non-accrualable - When on Bellevue payroll, see HHC Operating Procedure 20-15 and Extended Military Leave Policy.

o Eligibility: The Resident is eligible for this benefit immediately after employment begins, with approval from his or her Program Director.

o Additional Information: The Resident will receive his or her regular pay for up to two weeks if he or she is called for military duty. The Resident must submit to his or her Program Director written documentation of notice to serve in order to be paid during this time. In cases where the Resident's orders require him or her to be absent from training for more than two weeks, the Resident should refer to the NYU Revised Interim Policy for Military Service, effective March 15, 2002, available from the Human Resources Department, 212-404-3857.

I. Vacation

o Paid Time Off: 4 weeks per academic year / non-accrualable

o Eligibility: The Resident is eligible for this benefit immediately after employment begins, with approval from his or his/her Program Director.

o Additional Information: Subject to limitations established by the Resident's specialty board, Residency Review Committee, and/or training program, the Resident is eligible for four weeks of vacation time per academic year. The Medical Center will replenish the Resident's vacation bank on July 1 of each year that the Resident is in training at NYU. Vacation time cannot be carried over to the following academic year; residents will not be paid in lieu of taking vacation; and any unused vacation time will not be payable upon termination, provided the resident has been permitted to take vacation time.

Unpaid Leaves of Absence

A. Family Medical Leave Act of 1993 (FMLA)

o Unpaid Time: 12 weeks maximum per annum / non-accrualable

o Eligibility: Residents who have completed at least 1,250 hours of training over the 12 months preceding a qualifying event are eligible for up to 12 weeks of unpaid family leave annually. A qualifying event is defined by Federal law as: (1) the birth and care of a Resident's newborn child; (2) placement with a Resident of a son or daughter for adoption or foster care; (3) caring for a spouse, child, or parent with a serious health condition; or (4) taking medical leave when the Resident is unable to work because of his or her own serious health condition.

o Additional Information: Any sick time taken for a period of seven or more consecutive calendar days due to a Resident's own illness, injury, pregnancy, or childbirth (as determined by the Resident's treating physician) will be applied toward the Resident's maximum 12-week-per-annum FMLA leave. The Resident is required to utilize unused vacation time to cover the time that is not considered a medical disability. A request for FMLA leave that is for a qualifying reason other than for the Resident's own disability must be made to and approved by the Human Resources, Employee Relations Department.

o Medical disability due to pregnancy or childbirth is considered disability.
B. Personal Leave of Absence

- Unpaid Time: A Personal Leave of Absence may be granted at the discretion of the Program Director. At the time the LOA is granted, a written agreement must be established regarding the length of the LOA and circumstances for re-entry to the program.
- Eligibility: The Resident is eligible for an unpaid personal leave of absence after employment begins, with prior approval from the Resident's Director.
- Additional Info: The Resident may use applicable paid time off (e.g., vacation days) during an approved personal leave of absence. In the event that the Resident does not have or has exhausted his or her paid time off, the leave will be without pay.

C. Time off for Research

- Residents are allowed to take time off for research at the end of either their 2nd or 3rd year of training.
- Residents must secure funding on their own for research.
- Residents are allowed to take up to 2 years off for research.
- Residents will be accepted back into the program as long as there is a position at the appropriate clinical level available for their return without the program going over the number of ACGME approved positions.

Exceptions

No exceptions to this policy will be permitted without the written approval of the Resident's Department Chair. Notification of approved exceptions must be submitted to the Graduate Medical Affairs office.
Transitions of Care

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Transition of Care Policy

Program Responsibilities in regard to Transitions of Care are as follows:

• The Program recognizes that its Fellows will be required to demonstrate competence in the handover process and that the Faculty of the Program will teach and document that competence and implement a learning plan for the Fellow who violates this Policy.
• The Program herein delineates its standard for transitions of care within the Department, Division and Program.
• The Program will implement the proper level of supervision for transitions of care as stated in its Policy of Supervision.
• All call schedules and rotation block schedules including attending schedules and contacts are made available to physician and non-physician providers via email. These schedules assure compliance with all applicable Duty Hour regulations and minimize the number of transitions of care in order to maintain continuity and safety of care.

Morning rounds start at 6am at Tisch hospital and 7am at Bellevue hospital where the entire fellow/resident team from the Night and new team for the Day along with the service PA/NP is present to discuss each patient on their service and transition of care takes place within 30 minutes so the night team leaves within the scheduled hours meeting duty hour regulations.

In the evening, patient care transfer takes place over the course of a half an hour (beginning at 6 pm at Tisch and 7 pm at Bellevue). Junior residents sign out the service to the overnight junior resident and the senior resident signs out to the covering senior resident. Advanced care practitioners participate in the sign-out process as well. We have attempted to minimize interruptions during this period by making nurses aware that this is protected time, and all pages are deferred, unless in an emergency.

The transfer of accurate information is facilitated by a Vascular Surgery Sign-out Sheet. This is a list of pertinent patient information that is generated automatically by a combination of the electronic medical record and daily fellow/resident updates.

The fellow, resident, ACP and attending call schedules along with their contact information is distributed well in advance of each rotation so that everyone is aware who is the responsible team for patient care each day and night.
To the best of its ability, the Program will attempt to standardize Handoffs as follows:

- **Patient Intro**
  - Name
  - Age, Sex
  - Surgical Problem(s)

- **Periop/Hospital Course**
  - Intra-or Periop Events
  - Unique anatomy
  - Prolonged hospital course

- **Current Devices**
  - Central Lines
  - Tubes (NG, Foley)
  - Drains

- **24 hr. Events**
  - Abnormal vitals
  - Relevant I/O & Fluid management
  - Diet changes
  - Device changes
  - Other interventions

- **Safety**
  - VTE Prophylaxis
  - Anticoag/Cardiac Meds
  - Fall Risk

- **System-Based Plan**
  - Current status, task by system
  - Identify key consultants
    - Neuro/Plan
    - CV
    - Pulm
    - GI
    - FEN
    - Heme-ID
    - Endo
    - GU
    - PPX
    - Dispo

- **Read-Back**
  - Questions and Clarification
  - Read-back “action items and safety”
Also Reference GME policy below:

NYU School of Medicine
Issuing Department:
Graduate Medical Education
Effective Date: 04/2013
Reissue Date: 11/2013

Transitions of Care and Handoff Policy for House Staff Officers

I. Summary of Policy

The ACGME Common Program Requirements state:
- Programs must design clinical assignments to minimize the number of transitions of patient care.
- Sponsoring Institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- Programs must ensure that residents are competent in communicating with team members in the hand-over process.
- The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care.

The ACGME Institutional Requirements state the Sponsoring Institution must:
- facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and, (Core)
- ensure that participating sites engage residents/fellows in standardized transitions of care consistent with the setting and type of patient care.

II. Policy Purpose

The purpose of this policy is to ensure that all House Staff Officers and Program Directors are aware of the importance of safe and effective transitions of care. This policy aims to meet the requirements of the ACGME Institutional and Common Program Requirements with respect to transitions of care.

III. Applicability of the Policy

This policy applies to all House Staff Officers in ACGME accredited training programs at NYULMC.

IV. Policy

Transitions of Care/Handoff Standards – The policies that are developed by each individual program must be sure that transitions of care occur in a standardized fashion that is customized to both service and setting. Handoffs must be accurate and up to date and should be both written and verbal and occur at a consistent time and location. Handoffs should include, at minimum, the following information/components:
- Patient identifiers: Name, medical record number, date of birth
- Admission information: Admitting physician, date and time of admission, resident physician, reason for admission, advance care plan
c. Patient Summary: Brief summary of hospital course if applicable, exam findings, lab results, any clinical changes since admission, including changes in level of patient care and severity of issue(s)
d. Active issues: Current diagnosis, status, condition of patient, recent events.
e. Contingency plans (“if…/…then”)
f. Family contacts
g. Discharge plans/instructions: Any discharge information given to patient, anticipated discharge information. This should include discharge instructions to other facilities or levels or care.
h. Anticipated action/changes: Expected tests or procedures.
i. Any changes in responsible attending physician and/or nurse
j. Tasks to do: Explicit list of items to be done with instructions

k. “Check for Understanding”: All transitions of care must be fortified with a “check-back” to ensure that the receiver of information correctly understands all information that has been provided.

B. Office of GME Responsibilities

a. The Sponsoring Institution must monitor programs to ensure that each program has a handoff/transitions of care policy that applies specifically to their specialty. These policies must be submitted to the Office of GME at least annually and whenever requested.

b. The Sponsoring Institution must have the appropriate mechanisms in place to allow all appropriate parties access to the schedule of physicians and House Staff Officers to allow for safe and effective transitions of care. In addition, these schedules should clearly delineate the responsible physician and/or House Staff Officer for a given patient at any time, to ensure that proper care and oversight is provided for each patient.

c. The Office of GME will monitor the entry of schedules into New Innovations to ensure that House Staff Officer and faculty schedules are entered.

d. The Office of GME will grant view-only access of these schedules to necessary parties, such as nurses who are working alongside House Staff Officers in caring for a patient.

C. Training Program Responsibilities

a. Each program just has its own policy for transitions of care/handoff. These policies must address any specialty-specific tasks necessary for a safe and effective transition of care. These policies should address, but are not limited to:
   i. The accepted standard for transitions of care within the department or program
   ii. Expectations for following the Transition of Care Policy
   iii. Course of Action in the event that a House Staff Officer violates this policy
   iv. Instructions on how the program intends to educate all House Staff Officers on how to perform appropriate and safe transitions of care.
v. The required level of supervision for transitions of care for different levels of trainees and/or patient care.

b. All schedules and call-schedules must be made available to nurses, attendings, and other House Staff Officers through New Innovations or other appropriate methods.

c. The Training program must ensure that the schedules of House Staff Officers minimizes the number of transitions of patients to maintain patient safety and continuity of care, and also allow House Staff Officers to comply with ACGME and New York State Duty Hour regulations.

V. Related Policies (if applicable)
A. Duty Hour Policy for House Staff Officers
B. Alertness Management/Fatigue Mitigation
Book & Conference Fund

NYU School of Medicine

Issuing Department: Graduate Medical Education
Effective Date: 08/09/11
Reissue Date: 4/2013

Book and Conference Stipend Reimbursement Policy

I. Policy Purpose

The Book and Conference Stipends were instituted to help offset expenses incurred during the trainees Academic Year (July 1st thru June 30th) by House Staff in relation to purchase of medical equipment or Conference presentation/attendance.

II. Applicability of the Policy

House Staff Officers who are assigned to an HJD, VA or Tisch Hospital pay line are eligible for one or both of these stipends. House Staff Officers assigned to a Bellevue pay line are eligible for one or both of these stipends thru CIR.

Effective July 1, 2008 House Staff Officers assigned to a State pay line will be eligible for Book Stipend reimbursement. House Staff Officers on the State line must be PGY 2 or below to be eligible for the $600.00 reimbursement.

Eligibility begins with the date training begins and the stipend amounts are non-accruable. House Staff Officers in non-ACGME programs not funded by a Hospital pay line or whose salary is 100% funded by a grant, are not eligible for these stipends.

III. Definitions

A. ACGME – Accreditation Council for Graduate Medical Education
B. GME – Office of Graduate Medical Education
C. CIR – Committee of Interns and Residents
D. PEP – CIR Professional Education Plan
E. HHC – Health and Hospitals Corporation

IV. Policy

NYU LANGONE MEDICAL CENTER STIPEND:

A. Book Stipend – NYU Book Stipend follows CIR established guidelines set for the PEP for eligible reimbursable expenses.

1. Eligibility – All House Staff Officers assigned to a HJD, VA or Tisch Hospital pay line.
House Staff assigned to a State line that are PGY 2 or below.

2. **Reimbursement** – Up to $600.00 per academic year for qualified academic expenses:
   
   a. Medical Books
   b. Medical Audio or Video Tapes
   c. Medical Compact Discs
   d. Work-Related Medical Equipment
      i. Personal digital assistants (PDAs or "Palm Pilots") are work-related medical equipment and reimbursable.
      ii. Items that can be used only for work/medical purposes, such as the Pocket PDR®, are reimbursable.
      iii. Smartphone, BlackBerry, Treo’s and i-Phone that have available medical software are reimbursable.
      iv. Items, other than PDAs, that can be used generally, that is either for work/medical purposes, or personal/non-work purposes, such as computers, laptops, cameras, or most software, are **not** reimbursable.
   
   e. Dues for Medical Specialty Societies
   f. Subscriptions for Medical Specialty Journals
   g. Medical License Application Fees
   h. Medical License Examination Fees
   i. Specialty Board Examination Fees

B. **Conference Stipend** – NYU Conference Fund follows CIR established guidelines for HHC Conference Fund for eligible reimbursable expenses.

   1. **Eligibility**
      
      a. All residents to be used anytime during their basic residency program.
      b. Extra Year Chief Residents who have finished their basic residency.
      c. Fellows in subspecialty training programs.

   2. **Reimbursement**
      
      a. $1,500.00 maximum benefit during basic residency
      b. $1,500.00 maximum each year for Fellows or Extra Year Chiefs.

**BELLEVUE HOSPITAL CENTER STIPEND**

House Staff on Bellevue Hospital are part of the HHC and are eligible for the Book and Conference Fund through their membership with CIR.

V. **Procedure**

**NYU LANGONE MEDICAL CENTER REIMBURSEMENT PROCESS:**

A. **HJD, VA and Tisch, and State Hospital**
   
   1. To apply for reimbursement, House Staff Officers should complete the NYU Hospitals Center Book & Conference Reimbursement Form. This form is to be
submitted to the Program's Residency Coordinator with the corresponding original receipts. (House Staff Officer, be sure to provide your mailing address on the form.)

2. As requests are reviewed by the department, the Coordinator then enters or updates the data on the Book Stipend Tracking spreadsheet and the Book Stipend Submission template. The completed template should then be submitted via email to the applicable GME Training Program Specialist for review. Once it is approved, the GME Training Program Specialist will submit it to NYU Payroll Services mailto:FinanceServiceCenter@nyumc.org for processing.

3. Conference Reimbursement requests are reviewed by the department and the Coordinator enters the data on the NYU Medical Center - Hospital for Joint Diseases Conference Fee Travel Expense Reimbursement Form to be submitted to Accounts Payable for payment.

4. Program Coordinators may not add individuals to the Book or Conference reimbursement roster. Please contact the Office of GME if an individual is missing from the reimbursement roster or to check eligibility status.

5. House Staff Officers should contact the Program Coordinator with any questions.

6. NYU Finance process for reimbursement must be followed:
   http://finance.webdev.nyumc.org/policies-and-procedures

BELLEVUE HOSPITAL CENTER STIPEND PROCESS

1. To apply for reimbursement for the PEP or HHC Conference Fund, House Staff Officers should complete the PEP Reimbursement Form and/or the Conference Expense Reimbursement Form and submit to the CIR for processing.

   The CIR/SEIU Professional Education Plan (PEP) Reimbursement Claim Form can be found at: http://www.cirseiu.org/pep/

Reviewed: 03/18/13
Supersedes: 08/09/11
Originally Adopted: 2004/2005
Patient Safety/Quality Improvement Resources, Expectations & Curriculum

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Patient Safety Curriculum 2013-2014

Core Competencies:
1. Surgical Knowledge
2. Patient Care
3. Interpersonal and Communication Skills
4. Professionalism
5. Practice Based Learning
6. Systems Based Practice

Lecture 1: Introduction to Patient Safety: Why is it Important?
   What systems are in place at Tisch and At Bellevue
   How does it impact me now (day to day)
   Implications for future practice

Lecture 2: Radiology QI (radiation dose, contrast reactions, MRI, pregnancy issues)

Lecture 3: ID QI (preop abx/ Soft tissue infections/intra-abdominal collections),

Lecture 4: Resident Run RCA

Lecture 5: Cardiology QI: preop risk stratification (who needs what test- ECHO/Stress test?) and postop care (evidence for ruling out, rules for resuming anticoagulation)

Lecture 6: Sign Out: Minimizing Harm

Lecture 7: Vascular QI (how to treat DVTs, who is candidate for thrombectomy, postthrombotic syndrome)

Lecture 8: Resident Run RCA

Lecture 9: Risk Management: Role in Patient Safety

Lecture 10: Practice Based Learning- How are we doing?
   Review of National benchmarks and how our performance is matching up
   Contact: Dr. Frangos (Bellevue), Dr. Hoffstetter (Tisch)

Lecture 11: Resident Run RCA

Lecture 12: Year End Review: What was learned, Strategies for next year
Education and Scholarly Activities for Trainees

1. Participation in the Vascular Quality Initiative: The Vascular Quality Initiative of the Society for Vascular Surgery (SVS) is designed to look at patient safety outcome and provide hospitals, providers, and regional groups with information to analyze clinical data. The Vascular Quality Initiative includes for patients who were between the ages of 18 and 110 at the time of the procedure and includes several procedure modules for data collection. The procedure types we are collecting at our site are carotid artery stent, carotid endarterectomy, endo AAA repair, hemodialysis access, IVC filter, infra-inguinal bypass, open AAA repair, peripheral vascular intervention, supra-inguinal bypass, and thoracic and complex EVAR. The variables collected are pre-operative risk factors, intra-procedural variables, post-procedural outcomes, and one-year follow-up data. The VQI database is very resourceful by allowing you to analyze data from your individual site as well as compare your site to the regional data. Lastly, our site is participating in a few mini projects for the VQI including 30-day infra-inguinal bypass follow-up data as well as the updated TEVAR module.

Education and Scholarly Activities for Faculty

2. Participation in the Vascular Quality Initiative: The Vascular Quality Initiative of the Society for Vascular Surgery (SVS) is designed to look at patient safety outcome and provide hospitals, providers, and regional groups with information to analyze clinical data. The Vascular Quality Initiative includes for patients who were between the ages of 18 and 110 at the time of the procedure and includes several procedure modules for data collection. The procedure types we are collecting at our site are carotid artery stent, carotid endarterectomy, endo AAA repair, hemodialysis access, IVC filter, infra-inguinal bypass, open AAA repair, peripheral vascular intervention, supra-inguinal bypass, and thoracic and complex EVAR. The variables collected are pre-operative risk factors, intra-procedural variables, post-procedural outcomes, and one-year follow-up data. The VQI database is very resourceful by allowing you to analyze data from your individual site as well as compare your site to the regional data. Lastly, our site is participating in a few mini projects for the VQI including 30-day infra-inguinal bypass follow-up data as well as the updated TEVAR module.

3. Remove "improving the outcome of carotid endarterectomy"

4. Remove "comparison of carotid artery surgery and carotid artery angioplasty and stenting procedures."

5. Sponsored by Cook, Inc.: Evaluate the safety and effectiveness of the Zenith Low Profile AAA Endovascular Graft used in conjunction with the Zenith Spiral-Z AAA Iliac Leg Graft. Studying the safety and effectiveness of a new endovascular graft.


7. Sponsored by Cook, Inc: Evaluate the safety and effectiveness of the Zenith Fenestrated AAA Endovascular Graft in the treatment of patients with AAA (abdominal aortic aneurysm) and a short infrarenal aortic neck. Researching the safety and effectiveness of a fenestrated endovascular graft to treat patients with AAA and a short infrarenal aortic neck.


10. Sponsored by Aptus, Inc.: Gather data about the Aptus HeLFX Aortic Securement System in the treatment of AAA. *Researching an aortic securement system in the treatment of AAA.*

11. Sponsored by the NYULMC Division of Vascular & Endovascular Surgery: Evaluate the effect of pneumatic compression in improving symptoms, quality of life, and wound-healing in patients with venous ulcers and/or lymphedema.

12. Sponsored by the NYULMC Division of Vascular & Endovascular Surgery: Prospective randomized trial evaluating the use of compression stockings versus no compression stockings in the peri-operative management of patients undergoing endovenous ablation of the greater saphenous vein (GSV). Assess patient satisfaction using the Chronic Venous Insufficiency Quality of Life Questionnaire (CIVIQ-2) and Venous Clinical Severity Score (VCSS). Evaluate the efficacy of venous closure with serial duplex examinations. *Researching the effectiveness of stockings post-endovenous laser closure (a procedure in the treatment of varicose veins).*


15. Sponsored by University of Michigan: participating in the International Registry of Aortic Dissection (IRAD) which was created in 1996 with the goal of improving outcomes of patients who have had aortic dissection.

16. Sponsored by Astra-Zeneca: Compare the effect of long-term treatment with ticagrelor versus clopidogrel on the event rate of the composite of cardiovascular death, myocardial infarction, and ischaemic stroke in patients with established PAD. *Researching the efficacy of various medicinal treatments in the prevention of heart attacks, strokes, and complications of blockages in the arteries in the legs.*

17. Sponsored by NYULMC Division of Vascular & Endovascular Surgery: Studying the degree of improvement in patient centered outcomes of patients who underwent iliac vein stenting procedures and to evaluate the degree of discomfort experienced with the procedure itself and during the recovery period.

18. Sponsored by NYULMC Division of Vascular & Endovascular Surgery: Describe platelet activity with peripheral vascular atherosclerotic disease who also have a history of a lower extremity bypass graft. Also describing platelet activity in patients with peripheral vascular atherosclerotic disease who have a history of a lower extremity bypass graft thrombosis. *Researching the role of platelets in the cause of atherosclerosis and atherothrombosis.*
Clinical Competency Committee Description (CCC)

NYU Langone Medical Center
Division of Vascular and Endovascular
Clinical Competency Committee of the
Training Program in Vascular Surgery

The Program Director will appoint a Clinical Competency Committee. (V.A.1.)

1. Committee membership
   a. At a minimum the Clinical Competency Committee must be composed of three members of the Program Faculty. (V.A.1.a)
      (1) Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team

2. The following is the written description of the responsibilities of the Clinical Competency Committee: (V.A.1.b.)
   a. The Clinical Competency Committee should:
      (1) Review all fellow evaluations semi-annually;
      (2) Prepare and assure the reporting of Milestones evaluations of each fellow semi-annually to ACGME; prepare and assure the reporting of Milestones evaluations of each fellow semi-annually to ACGME;
      iii. Advise the program director regarding fellow progress, including promotion, remediation, and dismissal.

3. Formative Evaluation: (V.A.2.)
   a. The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment
   b. The program must:
      (1) provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones;
      (2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);
      (3) document progressive fellow performance improvement appropriate to educational level; and,
      (4) provide each fellow with documented semiannual evaluation of performance with feedback.
   c. The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy.
   d. The semiannual assessment must include a review of each resident’s operative experience to ensure breadth and balance of experience in the surgical care of vascular diseases
(1) The program director must ensure that the operative experience of individual residents in the same program is comparable.

(Blue font denotes adaptation taken from ACGME Program Requirements for Graduate Medical Education in Vascular Surgery: Approved September 29, 2013; Effective July 1, 2014)
Program Evaluation Committee Description (PEC)

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Implementation and Charge of the Program Evaluation Committee (PEC) of the Training Program in Vascular Surgery

1. The Program Director will appoint a Program Evaluation Committee (PEC).

2. The Program Evaluation Committee will include at least two Program Faculty members and at least one Fellow.

This document will serve as a written description of the PEC’s responsibilities.

3. The PEC will participate actively in:
   • Planning, developing, implementing, and evaluating educational activities of the program;
   • Reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
   • Addressing areas of non-compliance with ACGME standards; and,
   • Reviewing the program annually using evaluations of faculty, fellows, and others, as specified below:

4. The Program, through the PEC, will document formal, systematic evaluation of the curriculum at least annually, and will be responsible for rendering a written Annual Program Evaluation (APE) based on each academic year.

5. The Program will monitor and track each of the following areas:
   • Fellow performance;
   • Faculty development;
   • Graduate performance, including performance of program graduates on the certification examination;

At least 60 percent of a program’s graduates from the preceding five years taking the American Board of Surgery qualifying and certifying examinations for vascular surgery for the first time must pass.

6. Program Quality:
   • Fellows and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and
   • The program must use the results of fellows’ and faculty members’ assessments of the program together with other program evaluation results to improve the program.
   • Progress on the previous year’s action plan(s).
   • The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in the evaluation area, as well as delineate how they will be measured and monitored.
• The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.
(Blue font denotes adaptation taken from ACGME Program Requirements for Graduate Medical Education in Vascular Surgery: Approved September 29, 2013; Effective July 1, 2014)
**Evaluation of the resident/fellow by the faculty (by each learning experience)**

**FACULTY EVALUATION OF RESIDENT**

<table>
<thead>
<tr>
<th>[Subject Name]</th>
<th>[Subject Status]</th>
<th>[Evaluator Name]</th>
<th>[Evaluator Status]</th>
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<tbody>
<tr>
<td>[Evaluation Dates]</td>
<td>[Subject Rotation]</td>
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<tr>
<th>Performance Area</th>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Very Good</th>
<th>Superior</th>
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</table>
Understands own limits

Improves own practice based on data and feedback

Counsels and educates patients and families

Demonstrates compassion for patients and families

Communicates with hospital staff and peers

Documents activity in medical records appropriately
Educates students and health care team

Educates junior residents

Integrity/Ethics

Dedication

Respect for patients, families, health care team

Feedback Response
Understands systems of patient care and role of health care team

Refers patients to appropriate practices and services

Understands use of risk-benefit analysis

OVERALL ASSESSMENT

Completed objectives of rotation

Corrective action recommended
## Evaluation of the faculty by the resident/fellow

### RESIDENT EVALUATION OF ATTENDING

<table>
<thead>
<tr>
<th>[Subject Name]</th>
<th>[Subject Status]</th>
<th>[Evaluation Dates]</th>
<th>[Subject Rotation]</th>
<th>Evaluator</th>
<th>[Evaluator Name]</th>
<th>[Evaluator Status]</th>
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<tr>
<th>Was readily available</th>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
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<tr>
<th>Was very involved in teaching in the O.R.</th>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
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<th>Has state-of-the-art knowledge on rounds</th>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
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<tr>
<th>Communicates very well</th>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
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<tr>
<th>Provides timely feedback</th>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
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<td><img src="eval.png" alt="Select 4" /></td>
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</table>
Please comment on any rating of 2 or below

Overall assessment of the faculty attending

1 = Disagree Completely
2 = Disagree Somewhat
3 = Agree Somewhat
4 = Agree Completely
N/A

Comments

Return to Questionnaire List

New Innovations, Inc. ©1995-2015
Multiple Evaluators (peers, patient, self, etc)

JR. RESIDENT EVALUATION OF SR. RESIDENT

[Subject Name]
[Subject Status]
[Evaluation Dates]
[Subject Rotation]

Evaluator
[Evaluator Name]
[Evaluator Status]

1 = Unsatisfactory
2 = Below Average
3 = Average
4 = Above Average
5 = Excellent
N/A

Basic science information in this field

Basic clinical information in this field

Knowledge of current developments and literature

Was very
<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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<tr>
<td>Was very involved in teaching in the ward</td>
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<tr>
<td>Provides timely feedback</td>
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<tr>
<td>Helped me achieve the educational goals of the rotation</td>
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<tr>
<td>Ability under stress</td>
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</table>
Date of Last Review: May 22, 2014
Date of Last Revision: June 16, 2014
Date of Distribution: June 24, 2014

Recognition of own capabilities
1 = Unsatisfactory 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

Professional behavior
1 = Unsatisfactory 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

Responsibility/Reliability
1 = Unsatisfactory 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

Leadership (R4 and R5 Chiefs only)
1 = Unsatisfactory 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

Please comment on any rating of 2 or below
SR. RESIDENT EVALUATION OF JR. RESIDENT

[Subject Name]  [Evaluator Name]
[Subject Status]  [Evaluator Status]
[Evaluation Dates]  
[Subject Rotation]

PATIENT CARE

Can the resident accurately complete a history and physical...
**MEDICAL KNOWLEDGE**

Evaluate the quality of the didactics (morning report, lecture)

<table>
<thead>
<tr>
<th>1 = Below Expectations</th>
<th>2 = Meets Expectations</th>
<th>3 = Exceeds Expectations</th>
<th>N/A</th>
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**PRACTICE-BASED LEARNING**

Do you feel that the resident can

<table>
<thead>
<tr>
<th>1 = Below Expectations</th>
<th>2 = Meets Expectations</th>
<th>3 = Exceeds Expectations</th>
<th>N/A</th>
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independently function without supervision

Does the resident access other educational tool/Medline search, etc.

1 = Below Expectations 2 = Meets Expectations 3 = Exceeds Expectations N/A

INTERPERSONAL & COMMUNICATION SKILLS/PROFESSIONALISM

Is the resident compliant with ethical issues related to patient care

Does the resident interact well with colleagues, consultants, and coworkers

Is the resident approachable

SYSTEM-BASED LEARNING

Is the resident familiar with
Available community resources

Is the resident able to make appropriate discharge planning

Comments: (mandatory for any below expectations' checked off)

Remaining Characters: 5,000
Did the service meet the educational goals and objectives

Were you able to attend conferences

Were you able to attend clinic/office hours

Were you treated well

Were you subjected to undue stress

Were duty hours enforced

Were ancillary services a problem

Comments

Remaining Characters: 5,000
Self-evaluation is an essential professional tool. It is meant to assist you and your Program Director in completing your overall evaluation.

Below are the General Competencies defined by the ACGME. Please evaluate yourself in each of the areas by selecting the choice that best describes your performance and provide any relevant comments from a personal perspective. Then, please answer the question regarding your professional goals.

### PATIENT CARE

<table>
<thead>
<tr>
<th>Displays</th>
<th>caring/respectful behavior;</th>
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<tbody>
<tr>
<td>Performs</td>
<td>accurate, comprehensive interviews;</td>
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<td>Capable of</td>
<td>formulating diagnosis and making informed decisions;</td>
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<td>Counsels and educates patients and families;</td>
<td>Able to perform/interpret</td>
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<tr>
<td>Medical Knowledge</td>
<td>1 = Strongly Disagree</td>
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**Physical/Neuro Exam:** Performed well within a team.

- Has in-depth knowledge of basic sciences;
- Has in-depth knowledge of clinical neurology;
- Independent reading/studying.

<table>
<thead>
<tr>
<th>Practice-Based Learning Improvement</th>
<th>1 = Strongly Disagree</th>
<th>2 = Disagree</th>
<th>3 = Neutral</th>
<th>4 = Agree</th>
<th>5 = Strongly Agree</th>
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- Evaluates own performance for needed improvement;
- Effectively uses information technology for patient care;
- Facilitates learning of others.

<table>
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<tr>
<th>Interpersonal and Communication Skills</th>
<th>1 = Strongly Disagree</th>
<th>2 = Disagree</th>
<th>3 = Neutral</th>
<th>4 = Agree</th>
<th>5 = Strongly Agree</th>
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- Maintains positive working relationship with colleagues;
- Maintains positive working relationship with staff;
- Educates and counsels patients, families & colleagues.
PROFESSIONALISM

Is respectful, compassionate & honest; Demonstrates good teaching/role model behavior; Willing to acknowledge errors; Sensitive to needs of patients & families; Prompt to arrive to wards/clinics/conferences

1 = Strongly Disagree  2 = Disagree  3 = Neutral  4 = Agree  5 = Strongly Agree

SYSTEM-BASED LEARNING

Practices cost effective care; Utilizes outside resources

1 = Strongly Disagree  2 = Disagree  3 = Neutral  4 = Agree  5 = Strongly Agree

Comments on General Competencies

Do you have clear professional goals? Please comment

Overall Self-Evaluation Comments
# Semi-Annual Evaluation (by the Program Director)

**VASCULAR FELLOWS SEMI-ANNUAL EVALUATION (SAR)**

<table>
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<th>Name:</th>
<th>FY: Date:</th>
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<tr>
<td>VSITE PERCENTILE:</td>
<td>SCORE CURRICULUM:</td>
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<td>FY1: %</td>
<td>&gt;75% Y/N</td>
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<td>FY2: %</td>
<td>PATIENT SAFETY CONF. ATTENDANCE:</td>
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<td>PROFESSIONALISM CONF. ATTENDANCE:</td>
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<td>OUTPATIENT EXPERIENCE:</td>
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<td>PROCEDURE LOG/SCOPE OF PRACTICE:</td>
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CASE LOG: ________________ (Goals:

RESEARCH:

WORK HOURS: ____________

SKILLS LAB ________________

ROTATIONS SINCE LAST SAR: ___________________________________________

EDUCATIONAL GOALS: _______________________________________________

CAREER GOALS: ____________________________________________________

EVALUATIONS:

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Medical Knowledge</th>
<th>Practice-Based Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Professionalism</td>
<td>Systems-Based Practice</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__________________________
STRESS RELATED ISSUES:

OTHER:

____________________________________________________________________________________

REVIEWED BY FELLOW___________________ REVIEWED BY FACULTY _________________
Summative Evaluation (by the Program Director)

SUMMATIVE EVALUATION LETTER

Date

Dr. Name

Address

Dear Dr. ________:

This is the final Letter of Evaluation for Dr. _______who will complete his fellowship in Vascular Surgery on ______________.

Dr. _____ has been very successful in the NYU Environment. In summary, his performance was outstanding and as such he was asked to join the faculty and staff at______________________.

Dr. _____ is outstanding technically and his case review demonstrates more than adequate experience in both open and endovascular procedures. He has a superb fund of knowledge as demonstrated by excellent scores on the in-service examination as well as evaluations by the faculty.

He/She has done an excellent job in teaching and has received very positive feedback from resident and medical students regarding his teaching. He has done an excellent job in conference preparation with published manuscripts and peer-review journals. He has been successful at presenting his research to national meetings.

It is my opinion as Director of the Vascular Fellowship that Dr._______ is more than competent in the field of vascular and endovascular surgery and has sufficient experience and knowledge that he can work independently.

He should be successful in completing board certification in Vascular Surgery.

Thank you.

Sincerely yours,

Patrick J. Lamparello, MD
Program Director
Division of Vascular and Endovascular Surgery
NYU Langone Medical Center
Evaluation of the program by the resident/fellow

FELLOW/RESIDENT EVALUATION OF PROGRAM

[Subject Name] [Evaluator]
[Subject Status] [Evaluator Name]
[Evaluation Dates] [Evaluator Status]
[Subject Rotation]

1 = Poor  2  3 = Marginal  4  5  6  7 = Good  8  9 = Excellent

Comments

Remaining Characters: 5,000

1 = Poor  2  3 = Marginal  4  5  6  7 = Good  8  9 = Excellent

Comments

Remaining Characters: 5,000

1 = Poor  2  3 = Marginal  4  5  6  7 = Good  8  9 = Excellent

Comments

Remaining Characters: 5,000
Conferences in Vascular Surgery

Clinical training education in General Surgery

Clinical training education in Cardiac Surgery
Clinical training education in Minimally Invasive Surgery

Clinical training education in Pediatric Surgery

Clinical
1 = Poor 2 3 = Marginal 4 5 6 7 = Good 8 9 = Excellent

Comments

Remaining Characters: 5,000

Clinical training education in Transplantation

1 = Poor 2 3 = Marginal 4 5 6 7 = Good 8 9 = Excellent

Comments

Remaining Characters: 5,000

Clinical training education in Vascular Surgery

1 = Poor 2 3 = Marginal 4 5 6 7 = Good 8 9 = Excellent

Comments
I would like to see the following changes in the department:

My training could have been improved by

I found the following problems with my General Surgery Training:

I found
the following helpful in my training
## Evaluation of the program by the faculty

### Faculty Evaluation of Program

<table>
<thead>
<tr>
<th>Subject Name</th>
<th>Evaluation Dates</th>
<th>Evaluator Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### MEDICAL KNOWLEDGE

Residents demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

<table>
<thead>
<tr>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
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</tbody>
</table>

### PATIENT CARE

Residents are able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

<table>
<thead>
<tr>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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</tbody>
</table>

### INTERPERSONAL AND COMMUNICATION SKILLS

Residents
Residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, families and health professionals.

<table>
<thead>
<tr>
<th>PROFESSIONALISM</th>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
</tr>
</thead>
</table>

Residents demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

<table>
<thead>
<tr>
<th>SYSTEMS-BASED PRACTICE</th>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
</tr>
</thead>
</table>

Residents have the ability to effectively call upon system resources to provide care that is of optimal value.

<table>
<thead>
<tr>
<th>PRACTICE-BASED LEARNING IMPROVEMENT</th>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
</tr>
</thead>
</table>

Residents have the ability to investigate and evaluate
their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on self-evaluation and life-long learning.

1 = Disagree Completely  2 = Disagree Somewhat  3 = Agree Somewhat  4 = Agree Completely  N/A

STRESS AND FATIGUE

Residents experience excessive levels of work-related stress and fatigue.

1 = Disagree Completely  2 = Disagree Somewhat  3 = Agree Somewhat  4 = Agree Completely  N/A

I have experienced excessive levels of work-related stress and fatigue.

1 = Disagree Completely  2 = Disagree Somewhat  3 = Agree Somewhat  4 = Agree Completely  N/A

PROFESSIONAL DEVELOPMENT

The program has provided me with opportunities for professional development.

1 = Disagree Completely  2 = Disagree Somewhat  3 = Agree Somewhat  4 = Agree Completely  N/A
I am satisfied with my role as an educator within the program.

1 = Disagree Completely  2 = Disagree Somewhat  3 = Agree Somewhat  4 = Agree Completely  N/A

I am able to request feedback and seek mentorship when necessary.

1 = Disagree Completely  2 = Disagree Somewhat  3 = Agree Somewhat  4 = Agree Completely  N/A

GENERAL

Please comment on your experience with the residency program.

1 = Not Good  2 = Good  3 = Very Good  N/A

Comments

Remaining Characters: 5,000

Other Evaluations

N/A
Examinations, Licensure & Certificate

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Examination, Licensure & Certificate Policy

NYS Licensure is not required during the applications process, however it is required if the fellow intends on moonlighting throughout the fellowship.

Fellows are required to have obtained their National Provider Identification number prior to beginning fellowship.

Fellows are required to be ACLS/BLS certified throughout their training.

Fellows are required to be ATLS certified.

House Staff Wellbeing

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 05/2008
Reissue Date: 04/01/2013
Fitness for Duty

I. Policy Purpose

All staff members (all NYUMC employees, including House Staff Officers and other employed medical staff members), are expected to report to work fit for duty. Individuals who report to work impaired can undermine the productivity of the Medical Center’s workforce and create a serious threat to themselves or the welfare of patients, staff, and visitors. The Medical Center, therefore, adopts the following policy and procedures to ensure that staff members are fit for duty.

II. Definitions (if applicable)

A. Fitness for Duty refers to the ability of a staff member to perform the essential functions of his or her job without an impairment that may pose a potential risk to patients, a direct threat to the safety of the individual staff member or to others in the workplace, and/or interfere with the performance of his or her duties, with or without a reasonable accommodation. There are primarily three categories of impairment associated with Fitness for Duty:

   a. Impairment associated with the use or the suspicion of use of alcohol or illegal drugs;
b. Impairment associated with behavior that may pose a direct threat to the employee or to others in the workplace; and

c. Impairment caused by a medical condition, including mental health, and/or the use of medication for that condition

III. Policy

A. Suspected Alcohol and/or Illegal Drug Use

a. Procedures During Regular Business Hours for House Staff Officers: If any House Staff Officers are suspected of being impaired while at work, the program director should contact the NYU Office of GME, in accordance with the Corrective Action And Disciplinary Policy For House Staff Officers. The Office of GME will refer the House Staff Officer to the NYUMC Employee Health Service (EHS). The EHS clinician shall examine the individual to determine if he or she is working under the influence of alcohol and/or an illegal drug. The exam may include, but not necessarily be limited to, toxicology testing of blood or other body fluids. House Staff Officers who refuse to undergo such examination may be suspended and/or dismissed from the training program in accordance with the Corrective Action And Disciplinary Policy For House Staff Officers.

After the EHS evaluation the House Staff member will be placed on paid medical Leave of Absence (“LOA”), in accordance with the Corrective Action And Disciplinary Policy For House Staff Officers, pending the results of the evaluation for alcohol or substance abuse. As part of this process, the House Staff Officer will be evaluated by a physician designated by the Institution. After proper evaluation and consultation with the House Staff member and the Office of GME, the designated physician may refer the individual to the Committee for Physician Health of the New York Medical Society (GPH) or another medical provider. The House Staff Officer may be asked to complete consents for release of relevant information to applicable parties such as the designated physician, EHS, and the Office of GME. Staff unwilling to comply with the treatment recommendations of the designated physician will be reported to the Office of GME and the House Staff Officer will be subject to disciplinary action as defined in the Corrective Action And Disciplinary Policy For House Staff Officers.

b. Procedures During Non-Business Hours For House Staff Officers - If a House Staff Officer requires assessment during hours when EHS is closed, he/she should be accompanied by their respective department leadership to the Emergency Department of NYU Hospitals Center or Bellevue for an assessment. Refusal to participate in the evaluation for alcohol or substance abuse will be deemed an admission of usage and may subject the individual to suspension and/or dismissal. If the individual is immediately assessed as unable to work, he/she will be released from work pending the results of the evaluation. The department leadership individual who accompanied the House Staff Officer to the ER should notify EHS and Office of GME of the incident to ensure proper collaboration and follow-up utilizing procedures as described above.

c. Procedures During Regular Business Hours For All Other Staff - Staff members who report to work appearing to be under the influence of alcohol and/or illegal drugs will not be allowed to work. Employee Relations should be consulted and the employee immediately referred to the EHS. The EHS clinician shall evaluate the individual to determine if he or she is working under the influence of alcohol and/or an illegal drug. Evaluation may include, but not necessarily be limited to, toxicology testing of blood or other body fluids. Refusal to participate in the toxicology screening will be deemed an admission of usage and the staff member will be immediately suspended, pending further investigation, and will be subject additional
disciplinary action up to and including termination.

At the time of the EHS evaluation, the individual will be released from work (without pay) pending the results of the evaluation for alcohol or substance abuse. EHS will notify the appropriate department leadership and Employee Relations of the decision to remove the individual from the workplace. As part of this process and after proper evaluation and consultation with the staff member, the Clinical Director of Employee Health Service may refer the individual to another provider or the organization’s Faculty and Staff Assistance Program (FASAP) provider, which will provide assessment and referral for treatment and case management. The staff member may be asked to complete consents for release of relevant information to applicable parties such as EHS, and the Employee Relations Department. Staff unwilling to comply with the treatment recommendations will be reported and may be discharged from employment.

d. Procedures During Non-Business Hours For All Other Staff - If a staff member requires assessment during hours when EHS is closed, he/she should be accompanied by their respective department leadership to the NYU Hospitals Center Emergency Department for an assessment. Refusal to participate in the evaluation for alcohol or substance abuse will be deemed an admission of usage and the staff member will be subject to suspension and/or termination. If the individual is immediately assessed as unable to work, he/she will be released from work pending the results of the evaluation. The staff member’s department leadership should notify EHS and Employee Relations of the incident to ensure proper collaboration and follow-up utilizing procedures as described above.

B. Impairment Associated with Behavior that Poses a Direct Threat to Safety in the Workplace

a. Procedures For House Staff Officers - House Staff Officers who exhibit inappropriate or unusual behavior presenting a direct threat to themselves or others in the workplace will be referred to the designated physician for evaluation. If the designated physician determines that the individual’s behavior poses a direct threat to his or her health and safety, or to the health and safety of others in the workplace, he/she may be referred to EHS for testing, to CPH, or to another medical provider for further assessment; such evaluations will become part of the individual’s confidential health record. The NYU Medical Center Security Department should be contacted as necessary for assistance in handling any House Staff Officers posing such a threat to health and safety. For House Staff Officers exhibiting behavior that is an imminent threat to health and safety in the workplace, and if inappropriate or unusual behavior occurs during hours when the designated physician is unavailable, department leadership shall escort the House Staff Officer to the NYU Hospitals Center or Bellevue Emergency Department for an assessment. If the individual is immediately assessed as unable to work, he/she will be released from work pending the results of the evaluation. The House Staff Officer’s department leadership should also notify EHS and the Office of GME of the incident to ensure proper collaboration and follow-up utilizing procedures as described above. The NYU Medical Center Security Department should be contacted as necessary for assistance in handling any staff members posing such a threat to health or safety.

b. Procedures For All Other Staff - Staff members who exhibit inappropriate or unusual behavior presenting a direct threat to themselves or others in the workplace will be referred to EHS for evaluation. If EHS determines that the individual’s behavior poses a direct threat to his or her health and safety, or to the health and safety of others in the workplace, he/she shall be referred by EHS to the FASAP (1-800-833-8707) for further assessment. Such evaluations will become part of the individual’s confidential health record. The NYU Medical Center Security Department should be
contacted as necessary for assistance in handling any staff members posing such a threat to health or safety. For staff exhibiting behavior that is an imminent threat to health and safety in the workplace, and if inappropriate or unusual behavior occurs during hours when EHS is closed, department leadership shall escort the staff member to the NYU Hospitals Center Emergency Department for an assessment. If the individual is immediately assessed as unable to work, he/she will be released from work pending the results of the evaluation. The staff member’s department leadership should notify EHS and Employee Relations of the incident to ensure proper collaboration and follow-up utilizing procedures as described above. The NYU Medical Center Security Department should be contacted as necessary for assistance in handling any staff members posing such a threat to health or safety.

C. Impairment Caused by a Medical Condition, Including Mental Health - A staff member may be asked to submit to a medical examination or some other form of disability-related inquiry when the department leadership has a reasonable belief, that the individual’s ability to perform the essential functions of his or her job is impaired by a medical condition, including mental health and/or the use of medication for that condition. The results of the medical examination and/or psychiatric evaluation will become part of the staff member’s confidential health record.

a. Procedures for House Staff Officers - Department leadership must contact the Office of GME for guidance prior to making a disability-related inquiry or requiring a physical examination or psychiatric evaluation. The Office of GME will review each request for a medical examination or to make a disability-related inquiry on a case-by-case basis. A referral to the designated physician or CPH may be appropriate for evaluation of House Staff Officers, who may be impaired due to a mental health condition and/or the use of medication for that condition.

b. Procedures for All Other Staff - Department leadership must contact Employee Relations for guidance prior to making a disability-related inquiry or requiring a physical examination or psychiatric evaluation. Employee Relations will review each request for a medical examination or to make a disability-related inquiry on a case-by-case basis. A referral to FASAP (1-800-833-8707) may be appropriate for evaluation of staff members, who may be impaired due to a mental health condition and/or the use of medication for that condition.

D. Fitness to Return to Work

a. Procedures for House Staff Officers - CPH or an individual treating physician will advise the designated physician and the Office of GME when the House Staff Officer being monitored has been deemed able to return to work with or without a reasonable accommodation. If accommodation is requested, the Employee Relations office should be involved. The individual will be required to provide documentation of the clearance to return to work from the treating facility/physician or CPH. If the House Staff Officer was on a temporary leave due to treatment for alcohol or illegal drug abuse, that individual will be required to provide documentation to the designated physician showing either completion of treatment and/or ongoing treatment, depending on the circumstances of the leave. The designated physician will review and verify the source of all fitness for duty documentation submitted by the House Staff Officer. The designated physician will then consult with the individual’s Program Director and the Office of GME regarding the individual’s ability to return to work to perform the essential functions of his or her job with or without a reasonable accommodation. For those clearances involving the treatment for alcohol or drug abuse, the House Staff Officer may be required to submit to random
alcohol and/or drug toxicology screening following their return to work, which will be performed at an appropriate facility with the recommendation of the designated physician. In addition, the individual’s compliance with their treatment program will be monitored until treatment is completed.

**b. Procedures for Other Staff** - FASAP or an individual treating physician will advise EHS and Employee Relations when the staff member being monitored has been deemed able to return to work with or without a reasonable accommodation. If accommodation is requested, the Employee Relations office should be involved. The individual will be required to provide documentation of the clearance to return to work from the treating facility/physician or FASAP. If the staff member was on a temporary leave due to treatment for alcohol or illegal drug abuse, that individual will be required to provide documentation to EHS showing either completion of treatment and/or ongoing treatment, depending on the circumstances of the leave. The EHS clinician will review and verify the source of all fitness for duty documentation submitted by the staff member. The EHS clinician will then consult with the individual’s department leadership and the Employee Relations representative regarding the individual’s ability to return to work to perform the essential functions of his or her job with or without a reasonable accommodation.

**E. Assistance Agencies:**

- **a. Faculty and Staff Assistance Program (FASAP), provided by Corporate Counseling Associates 1-800-833-8707 (24/7).**

- **b. Committee for Physician Health 1-800-338-1833.**
## Mandated Online modules for House Staff

<table>
<thead>
<tr>
<th>Module Name</th>
<th>Location</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Alertness and Fatigue Education in Residency (SAFE-T)</td>
<td>Location</td>
<td>All House Staff</td>
</tr>
<tr>
<td>House Staff Orientation Module</td>
<td>Location</td>
<td>All house staff. Level 1 Checklist item for incoming house staff.</td>
</tr>
<tr>
<td>NU Compliance: Code of Conduct</td>
<td>Location</td>
<td>All house staff. Level 1 Checklist item for incoming house staff.</td>
</tr>
<tr>
<td>NU Compliance: HIPAA</td>
<td>Location</td>
<td>All house staff. Must be completed annually.</td>
</tr>
<tr>
<td>NU Compliance: Professional Compliance</td>
<td>Location</td>
<td>All house staff. Level 1 Checklist item for incoming house staff.</td>
</tr>
<tr>
<td>NU Compliance: Effective Compliance</td>
<td>Location</td>
<td>All house staff. Must be completed annually.</td>
</tr>
<tr>
<td>Surgery Team Training (5 Module Series)</td>
<td>Location</td>
<td>For all surgical house staff</td>
</tr>
<tr>
<td>Emergency Management: Intro to Emergency Management</td>
<td>Location</td>
<td>All house staff. Must be completed annually.</td>
</tr>
<tr>
<td>Emergency Management: Med Sed</td>
<td>Location</td>
<td>All house staff. Must be completed annually.</td>
</tr>
<tr>
<td>Emergency Management: EMS/ Fire &amp; Emergency Procedures</td>
<td>Location</td>
<td>All house staff. Must be completed annually.</td>
</tr>
</tbody>
</table>
NYULMC Medical Library

Visit the NYU Medical Library on atNYULMC under Popular Links. 
http://central.nyumc.org/shared/lib/Pages/Home.aspx
On Call Rooms

GENERAL INFORMATION

Apartments 1A and 2G (rooms 2G2 & 2G3) are used for temporary overnight lodging for House Staff and Physical Medicine and Rehab personnel. Apartment 1A is an individual studio apartment. Apartment 2G is a three-bedroom suite. Each room within the 2G apartment is identified with “1”, “2” or “3” on the door.

Room 1A – For House Staff personnel lodging ONLY.

Room 2G-1 – For Physical Medicine and Rehab personnel lodging ONLY.

Room 2G-2 – For House Staff personnel lodging ONLY.

Room 2G-3 – For House Staff personnel lodging ONLY.

Physical Med & Rehab administrative staff will monitor key issuance, tracking and control for their personnel using 2G1. Security does not have a role or responsibility in this.

The keys for rooms 1A, and 2G-2 and 2G-3 will be dispensed by Greenberg Hall Security staff. Keys are tracked and monitored by the Graduate Medical Educational (GME) office.

KEYS

There are three rings located at the Greenberg Security Desk (Post 22). The aluminum plate will state either “APT 1A”, “APT 2G – 2” or “APT 2G – 3”. For “APT 2G – 2” and “APT 2G – 3”, the key ring will have two keys. One key will be to enter the apartment; the other key is for the room. Gender will not play a role in how the keys are distributed.

PROCEDURE

There will be a listing of authorized house staff in a binder at the GBH security desk, which is updated monthly. The keys will be issued on a first-come, first-served basis. The intent is for one-night stays under normal circumstances. Security will not monitor length of stays.

DO NOT LEAVE ANY PATIENT INFORMATION OR PERSONAL ITEMS BEHIND WHEN YOU LEAVE THE ROOM FOR THE NIGHT/DAY.

The procedure is as follows:

• A House Staff member will request a key to the apartment from the security officer in the Greenberg Hall Lobby.

• The security officer will inspect the member’s valid ID badge and cross reference it against the House Staff list provided by the GME office. The badge must state “House Staff”. “Visiting House Staff” are not authorized to use these rooms.

• Once validated, a line entry will be completed in the On-Call House Staff
Lodging Record form; the key will then be issued.

- Weekdays at noon-time (1200 hrs) Monday-Friday, the GBH security officer will place a call to the GME office (212-263-5506) stating the status of the two sets of keys. The office is closed weekends/holidays.

- If a key has not been returned, the GME office will be responsible to contact the House Staff member(s) to retrieve/obtain outstanding keys.

- If a key is not available when a House Staff member desires a room, the security officer will advise the requestor that the room(s) are taken / not available and have them contact the GME office if there is an urgent need for use of the room.

- If there are any problems during the shift, the security officer will contact a security supervisor at 212.263.5120 (24 hours).

ADDITIONAL ON-CALL ROOMS AVAILABLE –
Bellevue Call Room located on the 15th Floor adjacent from the surgery main office room 15W-15A. Please obtain door combination from Coordinator
Tisch Call room located on the 14th Floor in the Tisch building 14th East; please obtain door key from coordinator.
Committee Participation for House Staff

House Staff are encouraged to participate in various committees (listed below).

House Staff Leadership Committee

The House Staff Leadership Committee has been newly formed by merging the Combined House Staff Committee and the House Staff Council to serve as a forum for the house staff to consolidate and voice their concerns. The committee also serves a new role as a meeting for house staff to present program activity in each of the CLER focus areas. It is a meaningful forum for house staff to interact with one another and hospital leadership in a structured way, and within the context of NAS/CLER. The members have an important role in providing feedback from programs in terms of progress, and reporting problems and new ideas. A member will also report to the Medical Board for BH and TH. House Staff members are peer-selected residents from each core program who are voted in and appointed by the Chair of the House Staff Leadership Committee. Additional House Staff representatives may attend committee meetings as non-voting members; provide information, advice and feedback.

The Committee meets quarterly with hospital leadership and members of the GMEEC.

New members are elected annually. Please be in touch with your Program Director, Coordinator, or Chiefs if you are interested in participating!

House Staff Patient Safety Council

The House Staff Patient Safety Council at the NYU School of Medicine was established in June 2012. Dr. Michael Wajda (Anesthesiology Residency Program Director, Vice Chairman of Education and Associate Professor of Anesthesiology) is the Council's faculty advisor. The House Staff Patient Safety Council is comprised of house staff who are committed to quality improvement and patient safety throughout the institution. The hospital administration and GME Office are very interested in having residents directly engaged in patient safety and quality improvement activities, and are all fully supportive of our Council. Four executive leaders are elected by fellow house staff at a HSC meeting in the beginning of the year.

New members are elected annually. Please be in touch with your Program Director, Coordinator, or Chiefs if you are interested in joining the council!
Additional Information

Identification Badges

There are at least three IDs that House Staff will need and potentially more, depending on the sites at which you will be working. The three are: NYULMC, Bellevue and the VA (Manhattan). Your program will help you determine if any additional ID badges are needed.

**NYULMC ID badges**

NYU Langone Medical Center policy requires all employees to wear an identification badge while on Medical Center property.

Identification badges are distributed by the NYULMC Security Office.

Location: 550 First Avenue, Room 182
   Medical Science Building (MSB) – follow the yellow pathway

Phone: 212-263-5038

**Bellevue ID badges**

If you will be working at Bellevue Hospital, you MUST obtain a Bellevue ID badges. To do so, you may go to the Bellevue Hospital Police Office.

Location: 462 First Avenue, Room GD-17
   Monday-Friday: 7:00am – 5:00pm
   Closed: Noon-1:00pm

Phone: 212-562-2345

**Veterans Affairs Medical Center (Manhattan Campus) ID badge**

Obtaining of this ID badge requires the completion of appropriate security forms which vary depending upon your access requirements. These may include a Special Agency Check (electronic fingerprint scanning) and National Agreement Check & Inquiry.

**MCIT Telecommunications**
As an NYULMC Resident/Fellow, you will be assigned a personal long-range alpha/text pager capable of being activated via telephone, email or SMS text. Your personal pager will accompany you throughout your training years at NYULMC.

If you have questions about your pager please contact the Telecommunications Department.

Location: Greenberg Hall, 545 First Avenue
Level SC-1, Room 129
Hours: Monday-Friday: 9:00am – 5:00pm
Phone: 212-263-1120

**Linen Services**

Long white coats and scrubs are available to all members of the House Staff via machines located on the floors. You can retrieve your scrub code for these machines at the Linen Services Room. You must present your NYULMC ID badge when picking up or exchanging your linens.

Location: 550 First Avenue, 4th floor, Room 401 (across from the A elevator)
Hours: Monday-Friday: 6:30am – 4:00pm
Closed: 10:00am – 11:30am for inventory
Phone: 646-754-6209 (outside hospital)
Extension 73134 (inside hospital)
Machine Locations: Tisch Hospital: Floors 2, 5, 8 & 11
HCC: Floors 2 & 14
Useful Links & Resources

<table>
<thead>
<tr>
<th>Department</th>
<th>Main Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYU Benefits</td>
<td>212-404-3787</td>
</tr>
<tr>
<td>NYU Payroll</td>
<td>212-404-4200</td>
</tr>
<tr>
<td>NYU Employee Health</td>
<td>212-263-5020</td>
</tr>
<tr>
<td>NYU Security</td>
<td>212-263-5038</td>
</tr>
<tr>
<td>NYU MCIT</td>
<td>212-263-1120</td>
</tr>
<tr>
<td>NYU Linens</td>
<td>646-754-6209</td>
</tr>
<tr>
<td>NYU Telecommunications</td>
<td>212-263-1120</td>
</tr>
<tr>
<td>NYU Malpractice</td>
<td>646-501-3047</td>
</tr>
<tr>
<td>Bellevue HR</td>
<td>212-562-6283</td>
</tr>
<tr>
<td>Bellevue Payroll</td>
<td>212-562-4406</td>
</tr>
<tr>
<td>Bellevue Benefits</td>
<td>212-562-8218</td>
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<td>Bellevue Clinical Systems</td>
<td>212-562-4797</td>
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<td>Bellevue Security</td>
<td>212-562-2345</td>
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<tr>
<td>CIR (Union)</td>
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